

Tab 1	SB 42 by Sharief (CO-INTRODUCERS) Rouson ; Identical to H 00047 Specific Medical Diagnoses in Child Protective Investigations
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Tab 2	SB 578 by Simon; Similar to H 00513 Alzheimer's Disease Awareness Initiative				
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Tab 3	SB 624 by Yarborough ; Similar to H 00491 Batterers' Intervention Program Activities
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Tab 4	SPB 7018 by CF ; Child Welfare
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The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS

Senator Grall, Chair
Senator Garcia, Vice Chair

MEETING DATE: Monday, January 12, 2026

TIME: 4:00—6:00 p.m.

PLACE: 301 Senate Building

MEMBERS: Senator Grall, Chair; Senator Garcia, Vice Chair; Senators Harrell, Rouson, Sharief, and Simon

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 42 Sharief (Identical H 47)	Specific Medical Diagnoses in Child Protective Investigations; Providing an exception to the requirement that the Department of Children and Families immediately forward certain allegations to a law enforcement agency; requiring a child protective investigator to inform the subject of an investigation of a certain duty; requiring Child Protection Teams to consult with a licensed physician or advanced practice registered nurse when evaluating certain reports; authorizing, under a certain circumstance, a parent or legal custodian from whom a child was removed to request specified examinations of the child, etc. CF 01/12/2026 AHS FP	
2	SB 578 Simon (Similar H 513)	Alzheimer's Disease Awareness Initiative; Requiring the Department of Elderly Affairs to contract for the development and implementation of the Alzheimer's Disease Awareness Initiative; providing requirements for the initiative; providing requirements for the entity with which the department contracts to develop and implement the initiative, etc. CF 01/12/2026 FP	
3	SB 624 Yarborough (Similar H 491)	Batterers' Intervention Program Activities; Authorizing batterers' intervention programs to offer supplemental faith-based activities, etc. CF 01/12/2026 JU RC	

Consideration of proposed bill:

- | | | |
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| 4 | SPB 7018 | Child Welfare; (PRELIMINARY DRAFT) providing legislative intent, etc.

(Preliminary Draft Available - final draft will be made available at least 24 hours prior to the meeting) |
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COMMITTEE MEETING EXPANDED AGENDA
Children, Families, and Elder Affairs
Monday, January 12, 2026, 4:00—6:00 p.m.

		BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
TAB	BILL NO. and INTRODUCER		
5	Presentation and discussion on SFY 2025-26 Final Funding Methodology and Rates Report – Department of Children and Families		
Other Related Meeting Documents			

By Senator Sharief

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A bill to be entitled

An act relating to specific medical diagnoses in child protective investigations; amending s. 39.301, F.S.; providing an exception to the requirement that the Department of Children and Families immediately forward certain allegations to a law enforcement agency; requiring a child protective investigator to inform the subject of an investigation of a certain duty; conforming a cross-reference; amending s. 39.303, F.S.; requiring Child Protection Teams to consult with a licensed physician or advanced practice registered nurse when evaluating certain reports; conforming provisions to changes made by the act; amending s. 39.304, F.S.; authorizing, under a certain circumstance, a parent or legal custodian from whom a child was removed to request specified examinations of the child; requiring that certain examinations be paid for by the parent or legal custodian making the request or as otherwise covered by insurance or Medicaid; prohibiting the request of an examination for a specified purpose; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (a) of subsection (2), paragraph (a) of subsection (5), and paragraph (c) of subsection (14) of section 39.301, Florida Statutes, are amended to read:

39.301 Initiation of protective investigations.—

(2)(a) The department shall immediately forward allegations

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of criminal conduct to the municipal or county law enforcement agency of the municipality or county in which the alleged conduct has occurred. However, the department need not immediately forward allegations of criminal conduct to the appropriate law enforcement agency if the parent or legal custodian:

1. Has alleged that the child has a preexisting diagnosis specified in s. 39.303(4)(b); or

2. Is requesting that the child have an examination under s. 39.304(1)(c).

Allegations of criminal conduct which are not immediately forwarded to the law enforcement agency pursuant to subparagraph 1. or subparagraph 2. must be immediately forwarded to the law enforcement agency upon completion of the investigation under this part if criminal conduct is still alleged.

(5)(a) Upon commencing an investigation under this part, the child protective investigator shall inform any subject of the investigation of the following:

1. The names of the investigators and identifying credentials from the department.

2. The purpose of the investigation.

3. The right to obtain his or her own attorney and ways that the information provided by the subject may be used.

4. The possible outcomes and services of the department's response.

5. The right of the parent or legal custodian to be engaged to the fullest extent possible in determining the nature of the allegation and the nature of any identified problem and the

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remedy.

6. The duty of the parent or legal custodian to report any change in the residence or location of the child to the investigator and that the duty to report continues until the investigation is closed.

7. The duty of the parent or legal custodian to report any preexisting diagnosis for the child which is specified in s. 39.303(4)(b) and provide any medical records that support that diagnosis in a timely manner.

(14)

(c) The department, in consultation with the judiciary, shall adopt by rule:

1. Criteria that are factors requiring that the department take the child into custody, petition the court as provided in this chapter, or, if the child is not taken into custody or a petition is not filed with the court, conduct an administrative review. Such factors must include, but are not limited to, noncompliance with a safety plan or the case plan developed by the department, and the family under this chapter, and prior abuse reports with findings that involve the child, the child's sibling, or the child's caregiver.

2. Requirements that if after an administrative review the department determines not to take the child into custody or petition the court, the department shall document the reason for its decision in writing and include it in the investigative file. For all cases that were accepted by the local law enforcement agency for criminal investigation pursuant to subsection (2), the department must include in the file written documentation that the administrative review included input from

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law enforcement. In addition, for all cases that must be referred to Child Protection Teams pursuant to s. 39.303(5) and (6) ~~s. 39.303(4) and (5)~~, the file must include written documentation that the administrative review included the results of the team's evaluation.

Section 2. Present subsections (4) through (10) of section 39.303, Florida Statutes, are redesignated as subsections (5) through (11), respectively, a new subsection (4) is added to that section, and subsection (3) and present subsections (5) and (6) of that section are amended, to read:

39.303 Child Protection Teams and sexual abuse treatment programs; services; eligible cases.—

(3) The Department of Health shall use and convene the Child Protection Teams to supplement the assessment and protective supervision activities of the family safety and preservation program of the Department of Children and Families. This section does not remove or reduce the duty and responsibility of any person to report pursuant to this chapter all suspected or actual cases of child abuse, abandonment, or neglect or sexual abuse of a child. The role of the Child Protection Teams is to support activities of the program and to provide services deemed by the Child Protection Teams to be necessary and appropriate to abused, abandoned, and neglected children upon referral. The specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services that a Child Protection Team must be capable of providing include, but are not limited to, the following:

(a) Medical diagnosis and evaluation services, including provision or interpretation of X rays and laboratory tests, and

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related services, as needed, and documentation of related findings.

(b) Telephone consultation services in emergencies and in other situations.

(c) Medical evaluation related to abuse, abandonment, or neglect, as defined by policy or rule of the Department of Health.

(d) Such psychological and psychiatric diagnosis and evaluation services for the child or the child's parent or parents, legal custodian or custodians, or other caregivers, or any other individual involved in a child abuse, abandonment, or neglect case, as the team may determine to be needed.

(e) Expert medical, psychological, and related professional testimony in court cases.

(f) Case staffings to develop treatment plans for children whose cases have been referred to the team. A Child Protection Team may provide consultation with respect to a child who is alleged or is shown to be abused, abandoned, or neglected, which consultation shall be provided at the request of a representative of the family safety and preservation program or at the request of any other professional involved with a child or the child's parent or parents, legal custodian or custodians, or other caregivers. In every such Child Protection Team case staffing, consultation, or staff activity involving a child, a family safety and preservation program representative shall attend and participate.

(g) Case service coordination and assistance, including the location of services available from other public and private agencies in the community.

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(h) Such training services for program and other employees of the Department of Children and Families, employees of the Department of Health, and other medical professionals as is deemed appropriate to enable them to develop and maintain their professional skills and abilities in handling child abuse, abandonment, and neglect cases. The training service must include training in the recognition of and appropriate responses to head trauma and brain injury in a child under 6 years of age as required by ss. 402.402(2) and 409.988.

(i) Educational and community awareness campaigns on child abuse, abandonment, and neglect in an effort to enable citizens more successfully to prevent, identify, and treat child abuse, abandonment, and neglect in the community.

(j) Child Protection Team assessments that include, as appropriate, medical evaluations, medical consultations, family psychosocial interviews, specialized clinical interviews, or forensic interviews.

~~A Child Protection Team that is evaluating a report of medical neglect and assessing the health care needs of a medically complex child shall consult with a physician who has experience in treating children with the same condition.~~

(4) A Child Protection Team shall consult with a physician licensed under chapter 458 or chapter 459 or an advanced practice registered nurse licensed under chapter 464 who has experience in and routinely provides medical care to pediatric patients when evaluating:

(a) A report of medical neglect and assessing the needs of a medically complex child; or

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175 (b) A child with a reported preexisting diagnosis of any of
176 the following:

177 1. Rickets.

178 2. Ehlers-Danlos syndrome.

179 3. Osteogenesis imperfecta.

180 4. Vitamin D deficiency.

181 5. Any other medical condition known to appear to be caused
182 by, or known to be misdiagnosed as, abuse.

183 (6)~~(5)~~ All abuse and neglect cases transmitted for
184 investigation to a circuit by the hotline must be simultaneously
185 transmitted to the Child Protection Team for review. For the
186 purpose of determining whether a face-to-face medical evaluation
187 by a Child Protection Team is necessary, all cases transmitted
188 to the Child Protection Team which meet the criteria in
189 subsection (5) ~~(4)~~ must be timely reviewed by:

190 (a) A physician licensed under chapter 458 or chapter 459
191 who holds board certification in pediatrics and is a member of a
192 Child Protection Team;

193 (b) A physician licensed under chapter 458 or chapter 459
194 who holds board certification in a specialty other than
195 pediatrics, who may complete the review only when working under
196 the direction of the Child Protection Team medical director or a
197 physician licensed under chapter 458 or chapter 459 who holds
198 board certification in pediatrics and is a member of a Child
199 Protection Team;

200 (c) An advanced practice registered nurse licensed under
201 chapter 464 who has a specialty in pediatrics or family medicine
202 and is a member of a Child Protection Team;

203 (d) A physician assistant licensed under chapter 458 or

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chapter 459, who may complete the review only when working under the supervision of the Child Protection Team medical director or a physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a member of a Child Protection Team; or

(e) A registered nurse licensed under chapter 464, who may complete the review only when working under the direct supervision of the Child Protection Team medical director or a physician licensed under chapter 458 or chapter 459 who holds board certification in pediatrics and is a member of a Child Protection Team.

(7)~~(6)~~ A face-to-face medical evaluation by a Child Protection Team is not necessary when:

(a) The child was examined for the alleged abuse or neglect by a physician who is not a member of the Child Protection Team, and a consultation between the Child Protection Team medical director or a Child Protection Team board-certified pediatrician, advanced practice registered nurse, physician assistant working under the supervision of a Child Protection Team medical director or a Child Protection Team board-certified pediatrician, or registered nurse working under the direct supervision of a Child Protection Team medical director or a Child Protection Team board-certified pediatrician, and the examining physician concludes that a further medical evaluation is unnecessary;

(b) The child protective investigator, with supervisory approval, has determined, after conducting a child safety assessment, that there are no indications of injuries as described in paragraphs (5) (a) - (h) ~~(4) (a) - (h)~~ as reported; or

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(c) The Child Protection Team medical director or a Child Protection Team board-certified pediatrician, as authorized in subsection (6) ~~(5)~~, determines that a medical evaluation is not required.

Notwithstanding paragraphs (a), (b), and (c), a Child Protection Team medical director or a Child Protection Team pediatrician, as authorized in subsection (6) ~~(5)~~, may determine that a face-to-face medical evaluation is necessary.

Section 3. Paragraph (c) is added to subsection (1) of section 39.304, Florida Statutes, to read:

39.304 Photographs, medical examinations, X rays, and medical treatment of abused, abandoned, or neglected child.—

(1)

(c) If an examination is performed on a child under paragraph (b), the parent or legal custodian from whom the child was removed pursuant to s. 39.401 may:

1. If the initial examination was not performed by the Child Protection Team, request that the child be examined by the Child Protection Team as soon as practicable;

2. If the initial examination was performed by the Child Protection Team, for the purpose of obtaining a second opinion on diagnosis or treatment, request that the child be examined by a physician licensed under chapter 458 or chapter 459 or an advanced practice registered nurse licensed under chapter 464 of his or her choosing who routinely provides medical care to pediatric patients; or

3. For the purpose of ruling out a differential diagnosis, request that the child be examined by a physician licensed under

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chapter 458 or chapter 459 or an advanced practice registered
nurse licensed under chapter 464 who routinely provides
diagnosis of and medical care to pediatric patients for the
conditions specified in s. 39.303(4) (b) .

An examination requested under subparagraph 2. or subparagraph
3. must be paid for by the parent or legal custodian making such
request or as otherwise covered by insurance or Medicaid. An
examination may not be requested under this paragraph for the
purpose of obtaining a second opinion as to whether a child has
been sexually abused.

Section 4. This act shall take effect July 1, 2026.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: SB 42

INTRODUCER: Senator Sharief

SUBJECT: Specific Medical Diagnoses in Child Protective Investigations

DATE: January 9, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rao	Tuszynski	CF	Pre-meeting
2.			AHS	
3.			FP	

I. Summary:

SB 42 requires child abuse investigators to consider and rule out certain preexisting diseases and medical conditions that are often mistaken as evidence of child abuse or neglect before involving law enforcement agencies or filing a petition to find the child dependent under state law.

Under the bill, if a parent or legal custodian alleges the child has a preexisting condition known to be misdiagnosed as abuse, or requests an examination of the child, the DCF is not required to immediately forward allegations of criminal conduct to a law enforcement agency; rather, the DCF may wait to forward such allegations until the child abuse investigation is complete and the preexisting diagnoses have been ruled out as a potential cause of the alleged abuse. The bill requires child protective investigators to remind parents being investigated of their duty to report their child's preexisting medical conditions and provide supporting records in a timely manner.

The bill expands the consultation requirements for Child Protection Teams (CPTs) to require CPTs to consult with licensed physicians or advanced practice registered nurses (APRNs) having relevant experience when evaluating a child with certain preexisting medical conditions.

Additionally, the bill allows a parent or legal custodian from whom a child has been removed to request additional medical examinations in certain cases, provided the parent or legal custodian pay for such examinations.

The bill takes effect July 1, 2026.

II. Present Situation:

Chapter 39, F.S., creates Florida's dependency system charged with protecting children who have been abused, abandoned, or neglected.¹ Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations.² The Department of Children and Families (DCF) and community-based care (CBC) lead agencies³ work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.⁴

The department's practice model for child and family well-being is a safety-focused, trauma-informed, and family-centered approach. It is implemented to ensure:

- Permanency. Florida's children should enjoy long-term, secure relationships within strong families and communities.
- Child Well-Being. Florida's children should be physically and emotionally healthy and socially competent.
- Safety. Florida's children should live free from maltreatment.
- Family Well-Being. Florida's families should nurture, protect, and meet the needs of their children, and should be well integrated into their communities.⁵

The department contracts with community-based care (CBC) lead agencies for case management, out-of-home services, and related services for children and families.⁶ The outsourced provision of child welfare services is intended to increase local community ownership of the services provided and their design. Lead agencies contract with many subcontractors for case management and direct-care services to children and their families.⁷ There are 16 lead agencies statewide that serve the states 20 judicial circuits.⁸ Ultimately, the DCF remains responsible for the operation of the central abuse hotline and investigations of abuse, abandonment, and neglect.⁹ Additionally, the department is responsible for all program oversight and the overall performance of the child welfare system.¹⁰

¹ Chapter 39, F.S.

² See generally s. 39.101, F.S. (establishing the central abuse hotline and timeframes for initiating investigations).

³ See s. 409.986(1)(a), F.S. (finding that it is the intent of the Legislature that the Department of Children and Families "provide child protection and child welfare services to children through contracting with CBC lead agencies"). A "community-based care lead agency" or "lead agency" means a single entity with which the DCF has a contract for the provision of care for children in the child protection and child welfare system, in a community that is no smaller than a county and no larger than two contiguous judicial circuits. Section 409.986(3)(d), F.S. The secretary of DCF may authorize more than one eligible lead agency within a single county if doing so will result in more effective delivery of services to children. *Id.*

⁴ Chapter 39, F.S.

⁵ See generally Department of Children and Families (DCF), *Florida's Child Welfare Practice Model*, available at: https://www.myflfamilies.com/sites/default/files/2022-12/FLCSPracticeModel_0.pdf (last visited 11/6/25).

⁶ Section 409.986(3)(e), F.S.; see generally Part V, Chapter 409, F.S. (regulating community-based child welfare).

⁷ Department of Children and Families, *About Community-Based Care (CBC)*, available at: <https://www.myflfamilies.com/services/child-and-family-well-being/community-based-care/about> (last visited 11/6/25).

⁸ Department of Children and Families, *Lead Agency Information*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited 11/6/25).

⁹ Section 39.101, F.S.

¹⁰ *Id.*

Dependency System Process

In some instances, services may not be enough to maintain a safe environment for a child. When child welfare necessitates that the DCF remove a child from the home to ensure his or her safety, a series of dependency court proceedings must occur to place and temporarily maintain the child in an out-of-home placement, adjudicate the child dependent, and if necessary, terminate parental rights and free the child for adoption. This process is typically triggered by a report to the central abuse hotline and a child protective investigation that makes a safety determination as to whether the child should remain in his or her home, notwithstanding provided DCF services. Generally, the dependency process includes, but is not limited to:

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- In home services or a shelter of the child and an out-of-home placement.
- A court finding that the child is dependent.¹¹
- Case planning to address the problems that resulted in the child's dependency.
- Reunification with the child's parent or other appropriate permanency option, such as adoption.¹²

Mandatory Reporting

Florida law requires *any* person who knows, or has reasonable cause to suspect, that a child is being abused, abandoned, or neglected to report the knowledge or suspicion to the department's central abuse hotline.¹³ A person from the general public, while a mandatory reporter, may make a report anonymously.¹⁴ However, persons having certain occupations such as physician, nurse, teacher, law enforcement officer, or judge must provide their name to the central abuse hotline when making the report.¹⁵

¹¹ A "child who is found to be dependent" refers to a child who is found by the court: to have been abandoned, abused, or neglected by the child's parents or legal custodians; to have been surrendered to the DCF or licensed child-placing agency for the purpose of adoption; to have parents or legal custodians that failed to substantially comply with the requirements of a case plan for the purpose of reunification; to have been voluntarily placed with a licensed child-placing agency for the purposes of subsequent adoption; to have no parent or legal custodians capable of providing supervision and care; to be at substantial risk of imminent abuse, abandonment, or neglect; or to have been sexually exploited and to have no parent, legal custodian, or responsible adult relative available to provide the necessary and appropriate supervision. Section 39.01(15), F.S.

¹² Office of the State Courts Administrator, The Office of Family Courts, *A Caregiver's Guide to Dependency Court*, available at: <https://flcourts-media.flcourts.gov/content/download/218185/file/Web-Caregivers-Guide-Final-09.pdf> (last visited 1/7/26); *see also* ch. 39, F.S.

¹³ Section 39.201(1)(a), F.S.

¹⁴ Section 39.201(1)(b)1., F.S.

¹⁵ Section 39.201(1)(b)2., F.S.

Central Abuse Hotline and Investigations

The department is statutorily required to operate and maintain a central abuse hotline to receive reports of known or suspected instances of child abuse,¹⁶ abandonment,¹⁷ or neglect,¹⁸ or instances when a child does not have a parent, legal custodian, or adult relative available to provide supervision and care.¹⁹ The hotline must operate 24 hours a day, 7 days a week, and accept reports through a single statewide toll-free telephone number or through electronic reporting.²⁰

If the hotline counselor determines a report meets the definition of abuse, abandonment, or neglect, the report is accepted for a protective investigation.²¹ Based on the report, the department makes a determination regarding when to initiate a protective investigation:

- An investigation must be immediately initiated if:
 - It appears the child's immediate safety or well-being is endangered;
 - The family may flee or the child will be unavailable for purposes of conducting a child protective investigation; or
 - The facts otherwise warrant; or
- An investigation must be initiated within 24 hours in all other cases of child abuse, abandonment, or neglect.²²

If there is reason to believe criminal conduct²³ has occurred, the DCF is required to immediately forward allegations of criminal conduct to the municipal or county law enforcement agency of the municipality or county in which the alleged conduct occurred.²⁴ Upon receiving the report of an allegation of criminal conduct, the law enforcement agency determines whether a criminal investigation is warranted. This criminal investigation is done concurrently with the child welfare investigation run by the DCF.

Once the DCF assigns a child protective investigator (CPI) to complete the child welfare investigation, the CPI assesses the safety and perceived needs of the child and family; whether

¹⁶ Section 39.01(2), F.S. defines "abuse" as any willful or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired.

¹⁷ Section 39.01(1), F.S. defines "abandoned" or "abandonment" as a situation in which the parent or legal custodian of a child of, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child's care and maintenance or has made no significant contribution to the child's care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. "Establish or maintain a substantial and positive relationship" means, in part, frequent and regular contact with the child, and the exercise of parental rights and responsibilities.

¹⁸ Section 39.01(53), F.S. states "neglect" occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired, except when such circumstances are caused primarily by financial inability unless services have been offered and rejected by such person.

¹⁹ Section 39.201(1), F.S.

²⁰ Section 39.101(1), F.S.

²¹ Section 39.201(4)(a), F.S.

²² Section 39.101(2), F.S.

²³ "Criminal conduct" refers to situations in which a child is known or suspected to be the victim of child abuse or neglect, is known or suspected to have died as a result of such abuse or neglect, known or suspected to be the victim of aggravated child abuse, sexual battery, sexual abuse, institutional child abuse or neglect, or human trafficking. *See* Section 39.301(2)(b), F.S.

²⁴ Section 39.301(2)(a), F.S.

in-home services are needed to stabilize the family; and whether the safety of the child necessitates removal and the provision of out-of-home services.²⁵

Medical Examination

A child protective investigator (CPI) may refer a child to a licensed physician or a hospital's emergency department without the consent of the child's parent or legal custodian if the child has visible trauma or if the child verbally complains or appears to be in distress due to injuries caused by suspected child abuse, abandonment, or neglect. The examination may be performed by any licensed physician or an advanced practice registered nurse.²⁶

Consent for medical treatment must be obtained from a parent or legal custodian of the child, if available; otherwise, the department must obtain a court order for medical treatment.²⁷ If the child's parent or legal custodian is unavailable and a court order cannot reasonably be obtained due to working hours, the department may consent to necessary medical treatment for the child.²⁸

Florida Department of Health and Children's Medical Services (CMS)

The Florida Department of Health (DOH) runs the state's public health system designed to promote, protect, and improve the health of all people in the state.²⁹ The Division of Children's Medical Services (CMS) is housed within the DOH and provides a family-centered, comprehensive, and coordinated statewide managed system of care for children and youth with special health care needs.³⁰

Child Protection Teams

Child Protection Teams (CPTs) are medically directed, multidisciplinary teams that have been utilized in Florida since 1984 as a mechanism to support children that have been abused, abandoned, or neglected.³¹ CPTs provide expertise in evaluating alleged child abuse and neglect, assessing risk and protective factors, and providing recommendations for interventions.³² The Statewide Medical Director for Child Protection oversees the CPT program, which is intended to protect children and enhance caregivers' capacity to provide safer environments whenever possible.³³ Currently, there are 22 local CPTs, displayed on the map below.³⁴

²⁵ See generally s. 39.301, F.S. and Part IV, Chapter 39, F.S. (regulating taking children into custody and shelter hearings).

²⁶ Section 39.304(1)(b), F.S.

²⁷ Section 39.304(2)(a), F.S.

²⁸ Section 39.304(2)(b), F.S.

²⁹ Section 381.001, F.S.

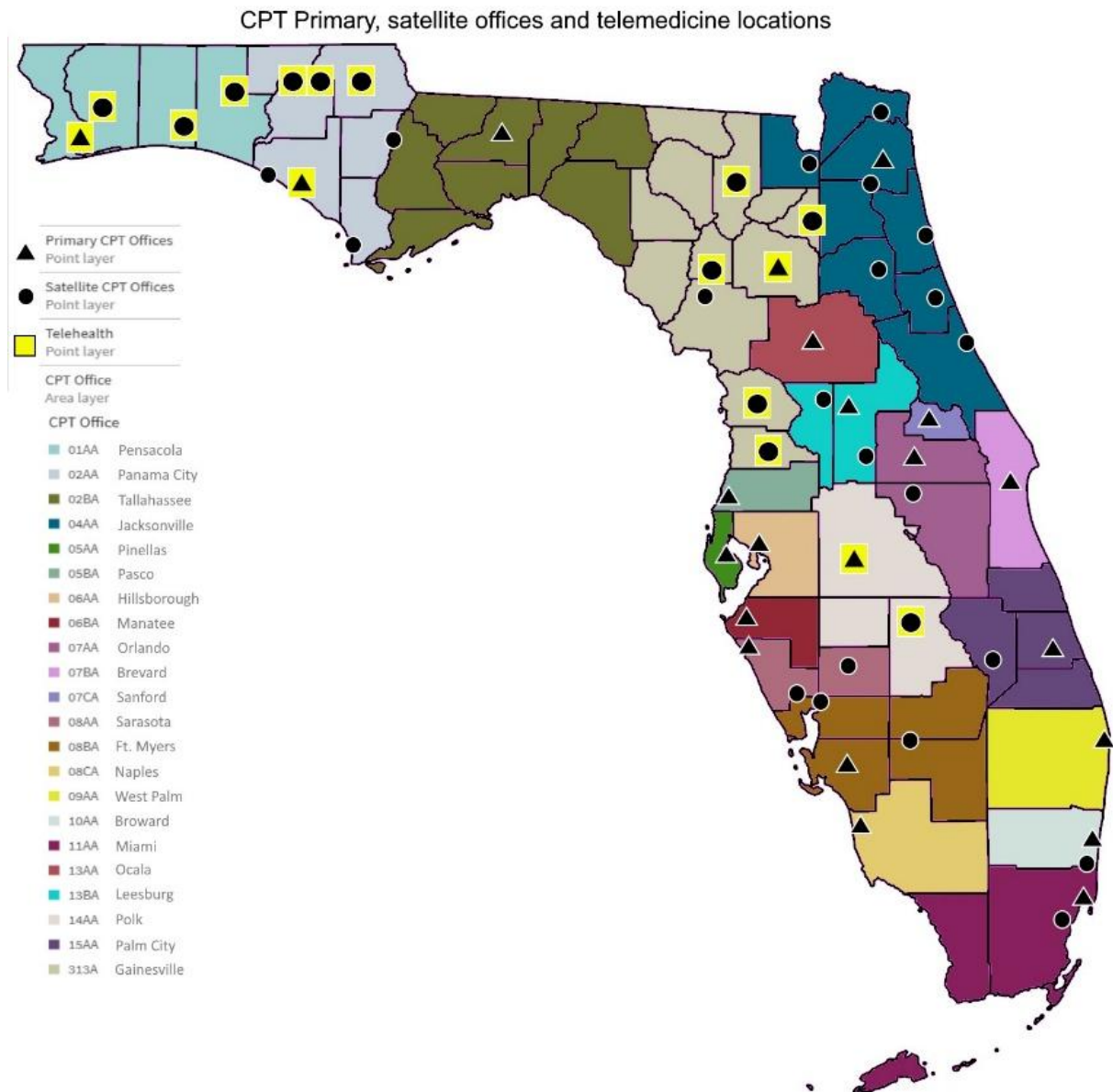
³⁰ Section 391.016, F.S.

³¹ Ch. 84-226, L.O.F.

³² Florida Department of Health, Child Abuse Protection, available at: <https://www.floridahealth.gov/individual-family-health/child-infant-youth/child-protection/> (last visited 1/6/26).

³³ Florida Department of Health, 2026 *Agency Analysis, SB 42 – Specific Medical Diagnoses in Child protective Investigations*, pg. 2, on file with the Senate Committee on Children, Families, and Elder Affairs.

³⁴ E-mail with Jessica Costello, Department of Health Deputy Legislative Affairs Director, on file with the Senate Committee on Children, Families, and Elder Affairs.



Each local CPT is under the direction of a Medical Director that must be a Child Abuse Pediatrician (CAP) certified by the American Board of Pediatrics, or has passed the Florida Certification Board's Child Abuse and Neglect Examination (CAAN).³⁵ CPT personnel must complete preliminary training curriculum determined by the CMS Deputy Secretary and the Statewide Medical Director, as well as complete eight hours of continuing education on child abuse and neglect annually.³⁶

³⁵ Florida Department of Health, 2026 *Agency Analysis*, pg. 2, on file with the Senate Committee on Children, Families, and Elder Affairs.

³⁶ *Id.*

CPTs supplement a CPI's efforts by reviewing all abuse and neglect cases screened in by the Florida abuse hotline.³⁷ CPTs take photographs of visible trauma of the subject of the report and may refer the child to a medical professional for treatment.³⁸ In cases where medical neglect is reported, the DCF assigns CPIs with specialized training in medical neglect/medically complex children, and the CPI works with the CPT; if the CPT deems that medical neglect is substantiated, the DCF convenes a case staffing³⁹ to determine what services will address the child's needs.

Certain reports of child abuse, abandonment, and neglect to the hotline must be referred to a CPT, including:

- Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.
- Bruises anywhere on a child 5 years of age or under.
- Any report alleging sexual abuse of a child.
- Any sexually transmitted disease in a prepubescent child.
- Reported malnutrition of a child and failure of a child to thrive.
- Reported medical neglect of a child.
- Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect.
- Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.
- A child who does not live in this state who is currently being evaluated in a medical facility in this state.⁴⁰

CPTs are required to have the capacity to provide services that include, but are not limited to, the following:

- Medical diagnosis and evaluation.
- Telephone consultation services in emergencies or other situations.
- Medical evaluation related to abuse, abandonment, or neglect.
- Psychological and psychiatric diagnoses and evaluations.
- Expert court testimony.⁴¹

³⁷ 64C-8.003, F.A.C.

³⁸ Section 39.304, F.S.

³⁹ Case staffing must include, at a minimum: the CPI; DCF legal staff; representatives from the CPT that evaluated the child; Children's Medical Services; AHCA (if the child is Medicaid eligible); and the CBC lead agency. *See* Section 39.3068(3), F.S.

⁴⁰ Section 39.303(4), F.S.

⁴¹ Section 39.303(3), F.S.

The following chart demonstrates the number of medical consultations and examinations conducted between 2022 and 2024.⁴²

Child Protection Team Consultations and Examinations					
	2024	2023	2022	Total	Average
Medical Consultations	3,453	3,563	4,060	11,076	3,692
Medical Exams	14,320	13,966	14,113	42,399	14,133

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 39.301, F.S. regarding the initiation of protective investigations, to give the DCF additional time to forward an allegation of criminal conduct to a law enforcement agency.

Under the bill, the department does not need to immediately forward an allegation of criminal conduct to a law enforcement agency if the parent or legal custodian from whom a child has been removed:

- Has alleged that the child has a preexisting diagnosis of Rickets,⁴³ Ehlers-Danlos syndrome,⁴⁴ Osteogenesis imperfecta,⁴⁵ Vitamin D deficiency,⁴⁶ or any other medical condition known to appear to be caused by, or known to be misdiagnosed as, abuse; or
- Requests the child have an examination under s. 39.304(1)(c), F.S., as provided in Section 3 of the bill and described in more detail below.

The bill requires allegations of criminal conduct that have not been immediately forwarded to a law enforcement agency for the above reasons to be immediately forwarded upon completion of the investigation if criminal conduct is still alleged.

The bill also amends s. 39.301(5)(a), F.S., regarding the duties of child protective investigators (CPIs), to require a CPI who has commenced an investigation to inform the parent or the legal custodian being investigated of his or her duty to:

⁴² Florida Department of Health, *2026 Agency Analysis*, pg. 2, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁴³ A child born with rickets may have weak or softened bones due to a lack of sufficient calcium or phosphorous. John Hopkins Medicine, *Metabolic Bone Disease: Osteomalacia*, available at: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/metabolic-bone-disease> (last visited 11/5/25).

⁴⁴ A child born with Ehlers-Danlos syndrome may have overly flexible joints and stretchy, fragile skin. Mayo Clinic, *Ehlers-Danlos syndrome*, available at: <https://www.mayoclinic.org/diseases-conditions/ehlers-danlos-syndrome/symptoms-causes/syc-20362125> (last visited 11/5/25).

⁴⁵ A child born with Osteogenesis Imperfecta (also referred to as brittle bone disease) may have soft bones that fracture easily or bones that are not formed normally. Johns Hopkins Medicine, *Osteogenesis Imperfecta*, available at: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/osteogenesis-imperfecta> (last visited 11/5/25).

⁴⁶ Having inadequate amounts of Vitamin D in your body may cause health problems like brittle bones and muscle weakness. Yale Medicine, *Vitamin D Deficiency*, available at: <https://www.yalemedicine.org/conditions/vitamin-d-deficiency> (last visited 11/5/25).

- Report a preexisting diagnosis for the child of Rickets, Ehlers-Danlos syndrome, Osteogenesis Imperfecta, or any other medical condition known to appear to be caused by, or known to be misdiagnosed as, abuse.
- Provide any medical records that support the diagnosis to the department in a timely manner.

Section 2 of the bill amends s. 39.303, F.S., regarding Child Protection Teams (CPTs) and sexual abuse treatment programs to expand existing consultation requirements.

Under current law, CPTs evaluating a report of medical neglect and assessing the health care needs of a medically complex child must consult with a physician who has experience in treating children with the same condition.

The bill requires CPTs to consult with a licensed physician⁴⁷ or a licensed advanced practice registered nurse (APRN)⁴⁸ having experience in, and routinely providing medical care to pediatric patients when evaluating a report of:

- Medical neglect and assessing the needs of a medically complex child; or
- A child having a reported preexisting diagnosis of Rickets, Ehlers-Danlos syndrome, Osteogenesis Imperfecta, Vitamin D deficiency, or any other medical condition known to appear to be caused by, or known to be misdiagnosed as, abuse.

Section 3 of the bill amends s. 39.304, F.S. regarding photographs, medical examinations, X-rays, and medical treatment of abused, abandoned, or neglected children to allow a parent or legal custodian from whom a child was removed to request additional medical examinations in certain cases.

Under the bill, if an examination is performed on a child under existing law, the parent or legal custodian from whom the child was removed may:

- Request an examination by the CPT as soon as practicable, if the team did not perform the initial examination that led to the allegations of abuse, abandonment, or neglect.
- Request that the child be examined by a licensed physician or licensed APRN of the parent or legal custodian's choosing who routinely provides medical care to pediatric patients, if the initial examination was performed by the CPT and the parent or legal custodian would like a second opinion on diagnosis or treatment; or
- Request that the child be examined by a licensed physician or a licensed APRN who routinely provides a diagnosis of, and medical care to pediatric patients, to rule out a differential diagnosis of Rickets, Ehlers-Danlos syndrome, Osteogenesis Imperfecta, Vitamin D deficiency, or any other medical condition known to appear to be caused by, or known to be misdiagnosed as, abuse.

The bill also requires the requesting parent or legal custodian to pay for such medical examinations, or for the examinations to be paid for as otherwise covered by insurance or Medicaid. The bill does not allow a request for a second opinion examination for a child alleged to have been sexually abused.

⁴⁷ See chs. 458 and 459, F.S. (regulating medical practice and osteopathic medicine).

⁴⁸ See ch. 464, F.S. (regulating nursing).

Section 4 of the bill provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Department of Health anticipates a significant, indeterminate, negative fiscal impact on the Department due to the provisions of this bill. Based on data from 2022-2024, CPTs provided an average of 14,133 medical examinations and 3,692 medical consultations (17,825 total) annually.⁴⁹ The DOH anticipates the provisions of this bill would require the CPTs to provide additional sub-specialist consultative services for cases to determine if preexisting medical conditions are being misconstrued as evidence of child abuse or neglect. Thus, using the average hourly rate of CPT medical professionals (\$100 per hour) and applying such a rate for up to 17,825 additional hours, the DOH anticipates an annual fiscal impact of **\$1,782,500** to include the sub-specialist consultations required in the bill.⁵⁰

⁴⁹ Florida Department of Health, *2026 Agency Analysis*, pg. 5, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁵⁰ *Id.*

Additionally, the DOH anticipates implementation of the bill would require revisions to the CPT Information System but estimates the costs to revise the program can be absorbed and would not require additional appropriations.⁵¹

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.301, 39.303, 39.304.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

⁵¹ *Id.*

By Senator Simon

3-00242A-26

2026578__

A bill to be entitled
An act relating to the Alzheimer's Disease Awareness Initiative; creating s. 430.505, F.S.; requiring the Department of Elderly Affairs to contract for the development and implementation of the Alzheimer's Disease Awareness Initiative; providing requirements for the initiative; providing requirements for the entity with which the department contracts to develop and implement the initiative; requiring the Alzheimer's Disease Advisory Committee to make certain recommendations to the department and the Legislature annually; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 430.505, Florida Statutes, is created to read:

430.505 Alzheimer's Disease Awareness Initiative.—

(1) The Department of Elderly Affairs shall contract for the development and implementation of the Alzheimer's Disease Awareness Initiative. The initiative must provide an opportunity for residents affected by Alzheimer's disease and related forms of dementia to benefit from greater support and to obtain information that is validated in national research.

(2) The initiative must, at a minimum:

(a) Include a website and other related electronic resources that will address all of the following:

1. The advantages of early detection and diagnosis.
2. How to reduce risk factors.

3-00242A-26

2026578__

30 3. The importance of brain health.

31 4. The importance of talking to a professional about being
32 screened and assessed for Alzheimer's disease and related forms
33 of dementia.

34 5. How to promote healthy aging.

35 6. Recent progress in Alzheimer's research and the
36 availability of clinical trials.

37 7. Community resources available for those affected by
38 Alzheimer's disease and related forms of dementia.

39 8. Any related topic deemed appropriate by the department.

40 (b) Use the Department of Elderly Affairs' Alzheimer's
41 Disease and Related Dementias Resource Guide as a part of the
42 initiative materials.

43 (c) Promote health care provider education in partnership
44 with the Department of Health to help improve care and services
45 for patients with Alzheimer's disease and related forms of
46 dementia in accordance with s. 381.825.

47 (d) Use varied forms of advertising for public events,
48 including, but not limited to, print advertising, digital
49 advertising, and advertising on social media platforms.

50 (e) Include a statewide mobile in-person outreach program
51 that prioritizes those in underserved communities and provides
52 information on issues relating to Alzheimer's disease and
53 related forms of dementia, including, but not limited to, brain
54 health, risk education, early detection, and diagnosis. The
55 program may also provide referrals to the department and provide
56 information regarding any available community resources relating
57 to Alzheimer's disease and related forms of dementia.

58 (3)(a) The entity with which the department contracts to

3-00242A-26

2026578__

59 develop and implement the Alzheimer's Disease Awareness

60 Initiative must be a statewide nonprofit organization that:

61 1. Has a history of focusing on care and support for those
62 affected by Alzheimer's disease and related forms of dementia,
63 including providing online resources to caregivers and people
64 living with the disease and through community-based events and
65 supporting Alzheimer disease research; and

66 2. Has the organizational capacity to manage a statewide
67 initiative and successfully carry out the requirements of this
68 section.

69 (b) The entity shall collaborate with other relevant state
70 agencies and private organizations to develop and implement the
71 initiative. Such agencies shall collaborate with the entity to
72 carry out the initiative.

73 (4) The Alzheimer's Disease Advisory Committee shall
74 annually evaluate the effectiveness of the initiative and make
75 recommendations to the department and the Legislature concerning
76 the need for future funding for the Alzheimer's Disease
77 Awareness Initiative each year as a part of the advisory
78 committee's annual report.

79 Section 2. This act shall take effect July 1, 2026.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: SB 578

INTRODUCER: Senator Simon

SUBJECT: Alzheimer's Disease Awareness Initiative

DATE: January 9, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Kennedy	Tuszynski	CF	Pre-meeting
2.			FP	

I. Summary:

SB 578 creates s. 430.505, F.S., to require the Department of Elder Affairs (DOEA) to contract for the development and implementation of a statewide Alzheimer's Disease Awareness Initiative.

The bill requires the initiative to provide Florida residents affected by Alzheimer's Disease and Related Dementias (ADRD) with greater support and access to information validated in national research, and establishes minimum initiative components, including an informational website, use of the ADRD Resource Guide, health care provider education in partnership with the Department of Health, public event advertising, and a statewide mobile in-person outreach program that prioritizes underserved communities.

The bill requires DOEA to contract with a statewide nonprofit organization meeting specified experience and capacity requirements, requires collaboration with relevant state agencies and private organizations, and requires the Alzheimer's Disease Advisory Committee to annually evaluate the initiative's effectiveness and make future funding recommendations in its annual report.

The bill takes effect July 1, 2026.

II. Present Situation:

Alzheimer's Disease and Dementia-Related Disorders

Dementia is a general term for an individuals' decline in memory, language, problem-solving and other thinking skills that impact a person's ability to perform everyday activities.¹ Common causes of dementia include:²

- Alzheimer's disease
- Cerebrovascular disease (vascular dementia)
- Frontotemporal degeneration (FTD)
- Hippocampal sclerosis (HS)
- Lewy body disease (DLB)
- Mixed pathologies / mixed dementia
- Parkinson's disease (PD) dementia

Alzheimer's disease is the most common type of dementia and is considered a progressive disease, which means symptoms worsen with time.³ Alzheimer's disease is a progressive neurodegenerative disorder that damages and destroys neurons in the brain, leading to declines in memory, language, thinking, and other cognitive functions.⁴ As the disease progresses, individuals increasingly require assistance with activities of daily living.⁵ People living with Alzheimer's disease may also experience changes in mood, personality, or behavior and may engage in unsafe behaviors, such as becoming disoriented, wandering from familiar environments, or losing the ability to retrace their steps.⁶ Continued neuronal damage eventually affects basic physical functions, including walking and swallowing, resulting in the need for continuous, around-the-clock care.⁷

On average, individuals live four to eight years after receiving an Alzheimer's disease diagnosis, although survival varies based on factors such as age at diagnosis, disease progression, and co-occurring health conditions; some individuals live as long as 20 years or more following diagnosis.⁸ In the United States, an estimated 7.2 million adults aged 65 and older are currently living with Alzheimer's dementia.⁹ Due to population aging, this number is projected to rise

¹ Alzheimer's Association, *2025 Alzheimer's Disease Facts and Figures*, available at: <https://www.alz.org/getmedia/ef8f48f9-ad36-48ea-87f9-b74034635c1e/alzheimers-facts-and-figures.pdf> (last visited 12/30/25).

² *Id.*

³ National Center for Health Statistics, *National Health Statistics Reports No. 203, Diagnosed Dementia in Adults Age 65 and Older: United States, 2022*, available at: <https://www.cdc.gov/nchs/data/nhsr/nhsr203.pdf> (last visited 12/30/25) and Alzheimer's Association, *2025 Alzheimer's Disease Facts and Figures*, available at: <https://www.alz.org/getmedia/ef8f48f9-ad36-48ea-87f9-b74034635c1e/alzheimers-facts-and-figures.pdf> (last visited 12/30/25).

⁴ Alzheimer's Association, *2025 Alzheimer's Disease Facts and Figures*, available at: <https://www.alz.org/getmedia/ef8f48f9-ad36-48ea-87f9-b74034635c1e/alzheimers-facts-and-figures.pdf> (last visited 1/5/26).

⁵ *Id.*

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ *Id.*

substantially, with estimates indicating that 13.8 million Americans could be living with Alzheimer's dementia by 2060.¹⁰

Florida is currently home to approximately 580,000 Floridians age 65 and older living with Alzheimer's disease.¹¹ Because Florida's population is aging, with about 23% of residents age 65 and older and that proportion continuing to grow, the number of Floridians living with Alzheimer's disease is expected to rise substantially in the coming years.¹² Florida also has the second-highest prevalence of Alzheimer's disease in the nation, and the highest prevalence per capita, underscoring the urgency of statewide planning and services to meet growing needs.¹³

Florida Alzheimer's disease caregiving demands are also substantial, approximately 870,000 Florida caregivers provide roughly 1.4 billion hours of unpaid care valued at \$29.4 billion.¹⁴ Additionally, Alzheimer's disease is the sixth leading cause of death in Florida, reflecting both the human and health-system impact of the disease statewide.¹⁵

The Department of Elder Affairs

The Department of Elder Affairs (DOEA) is charged with administering programs and services for elders across the state of Florida, including services for those affected by Alzheimer's disease.¹⁶ The DOEA contracts with Area Agencies on Aging¹⁷ that are required to ensure prevention, early intervention, and long-term care services to the elderly population in Florida.¹⁸ There are currently 11 Area Agencies on Aging across the state, which operate as Aging and Disability Resource Centers (ADRCs).¹⁹ The ADRCs provide residents with information about state, federal, and local programs and benefits.²⁰

¹⁰ Alzheimer's Association, *2025 Alzheimer's Disease Facts and Figures*, available at:

<https://www.alz.org/getmedia/ef8f48f9-ad36-48ea-87f9-b74034635c1e/alzheimers-facts-and-figures.pdf> (last visited 1/5/26).

¹¹ Florida Department of Elder Affairs, Alzheimer's Disease Advisory Committee – Annual Report 2025, available at:

<https://elderaffairs.org/wp-content/uploads/Alzheimers-Disease-Advisory-Committee-%E2%80%93-Annual-Report-2023.pdf> (last visited 1/5/26). Note: Although the link says Annual Report 2023 it is linked to the 2025 Annual Report.

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ Chapter 430, F.S.; Florida Department of Elder Affairs, available at: <https://elderaffairs.org/> (last visited 1/5/2026).

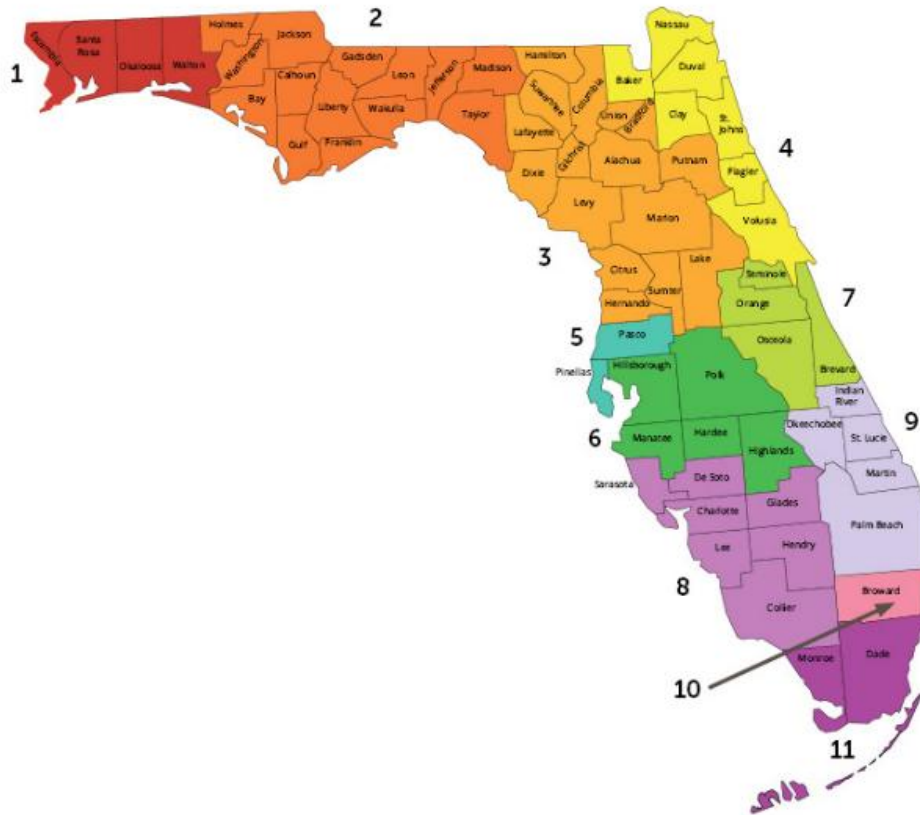
¹⁷ Florida law defines an “area agency on aging” as a public or nonprivate private agency or office designated by the DOEA to coordinate and administer the DOEA's programs and to provide, through contracting agencies, services within a planning and service area. Area Agencies on Aging serve as both the advocate and the visible focal point in its planning and service area to foster the development of comprehensive and coordinated service systems to serve older individuals.

¹⁸ Section 20.41, F.S.

¹⁹ Florida Department of Elder Affairs, available at: <https://elderaffairs.org/> (last visited 1/5/2026).

²⁰ *Id.*

The picture below displays the Area Agencies on Aging throughout Florida.²¹



Alzheimer's Disease Initiative

In 1985, the Legislature established the Alzheimer's Disease Initiative (ADI), intended to provide services for individuals and families that have been affected by Alzheimer's disease.²² The Dementia Director, appointed by the Secretary of Elder Affairs, is responsible for providing support to memory disorder clinics throughout the state, facilitating coordination for services between a variety of providers, and monitoring data on the impact of Alzheimer's disease in Florida.²³

Services for Individuals and Families affected by Alzheimer's Disease

Memory disorder clinics throughout the state provide diagnostic and therapeutic settings for individuals with Alzheimer's disease. These settings allow for the research of Alzheimer's disease and training of professionals that care for individuals with Alzheimer's disease.²⁴

²¹ *Id.*

²² Florida Department of Elder Affairs, *Alzheimer's Disease Initiative (ADI)*, available at: <https://elderaffairs.org/programs-services/bureau-of-elder-rights/alzheimers-disease-initiative/> (last visited 1/5/2026); Ch. 85-145, L.O.F.

²³ Section 430.5015, F.S.

²⁴ Section 430.502, F.S.

Respite care provides temporary relief for caregivers and may be provided in conjunction with a memory disorder clinic.²⁵ Respite options for caregivers of individuals with Alzheimer's disease may include:²⁶

- In-home care.
- Facility-based care.
- Emergency respite care.
- Extended care up to 30 days.

Other supportive services for caregivers may include:²⁷

- Case management.
- Specialized medical equipment and supplies.
- Caregiver counseling and support groups.
- Caregiver training and relief.

Alzheimer's Disease Advisory Committee

The Alzheimer's Disease Advisory Committee (committee) is composed of stakeholders, including Ph.D. researchers, caregivers of persons with Alzheimer's disease, medical professionals, and legislative representatives.²⁸ Each year, the committee submits a report that details the current state-funded efforts in Alzheimer's disease research and provides recommendations for improving Alzheimer's disease policy.²⁹

The committee makes various recommendations surrounding policy, research, clinical care, institutional care, and home and community-based services for Alzheimer's disease policy.³⁰ In 2025, one of the committee's recommendations identified a need for improving the distribution of information on Alzheimer's disease by launching a State-Supported Public Awareness Campaign with a goal to significantly increase understanding of ADRD, promote early detection, and reduce stigma.³¹

Alzheimer's Disease and Related Dementias Resource Guide

The DOEA is required to provide public education on Alzheimer's disease and related forms of dementia.³² The DOEA compiles information for the public and publishes the ADRD Resource Guide.³³ Information provided in the resource guide includes information such as:³⁴

- Warning Signs of Alzheimer's;

²⁵ Section 430.502, F.S.

²⁶ Florida Department of Elder Affairs, *Alzheimer's Disease Initiative (ADI)*, available at: <https://elderaffairs.org/programs-services/bureau-of-elder-rights/alzheimers-disease-initiative/> (last visited 1/5/2026).

²⁷ *Id.*

²⁸ Section 430.501, F.S.

²⁹ *Id.*

³⁰ Florida Department of Elder Affairs, *Alzheimer's Disease Advisory Committee – Annual Report 2025*, available at: <https://elderaffairs.org/wp-content/uploads/Alzheimers-Disease-Advisory-Committee-%E2%80%93-Annual-Report-2023.pdf> (last visited 1/5/26). Note: Although the link says Annual Report 2023 it is linked to the 2025 Annual Report.

³¹ *Id.*

³² Section 430.5025, F.S.

³³ Florida Department of Elder Affairs, *SHIP ADRD Resource Guide (2025)*, available at: <https://elderaffairs.org/wp-content/uploads/SHIP-ADRD-Resource-Guide-2025.pdf> (last visited 1/5/26).

³⁴ *Id.*

- 10 Ways to Love Your Brain (brain health / brain protection);
- Next Steps After an Alzheimer's Diagnosis; and
- Statewide maps/resource listings (e.g., Dementia Care and Cure Initiative, Area Agencies on Aging, Memory Disorder Clinics).

This information is published online and is available to the public.³⁵

III. Effect of Proposed Changes:

Section 1 of the bill creates s. 430.505, F.S. to require the DOEA to contract for the development and implementation of an Alzheimer's Disease Awareness Initiative.

The bill requires that the initiative provide an opportunity for Florida residents affected by ADRD to obtain greater support and access to information validated in national research.

The bill requires the initiative, at a minimum, to include a website and related electronic resources addressing:

- The advantages of early detection and diagnosis;
- How to reduce risk factors;
- The importance of brain health;
- The importance of talking to a professional about being screened and assessed;
- How to promote healthy aging;
- Recent progress in research and availability of clinical trials;
- Community resources available for individuals affected by ADRD; and
- Any other related topic deemed appropriate by DOEA.

The bill requires the initiative to use DOEA's ADRD Resource Guide as part of initiative materials. It requires the initiative to promote health care provider education in partnership with the Department of Health to improve patient care and services for individuals with ADRD, consistent with s. 381.825, F.S. The bill requires the initiative to use varied forms of advertising for public events, including print, digital, and social media advertising.

The bill requires the initiative to include a statewide mobile in-person outreach program that:

- Prioritizes underserved communities;
- Provides information on ADRD, including brain health, risk education, early detection, and diagnosis; and
- May provide referrals to DOEA and information regarding community resources.

The bill requires DOEA to contract with a statewide nonprofit organization that:

- Has a history of focusing on care and support for individuals affected by ADRD (including online resources and community-based events) and supporting Alzheimer disease research;
- Has the organizational capacity to manage and successfully carry out a statewide initiative.

³⁵ Florida Department of Elder Affairs, SHIP ADRD Resource Guide (2025), available at: <https://elderaffairs.org/wp-content/uploads/SHIP-ADRD-Resource-Guide-2025.pdf> (last visited 1/5/26).

The bill also requires the contracted entity to collaborate with other relevant state agencies and private organizations to develop and implement the initiative and requires those agencies to collaborate with the entity.

Finally, the bill requires the Alzheimer's Disease Advisory Committee to annually evaluate the effectiveness of the initiative and to make recommendations to DOEA and the Legislature regarding the need for future funding, as part of the committee's annual report.

This language expands the requirements of the DOEA in relation to its existing Alzheimer's Disease Initiative to provide services and supports to also include an awareness campaign implemented by a nonprofit that has history of focusing on care and support of this population and has the organizational capacity to manage a statewide initiative.

Section 2 of the bill provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Indeterminate, likely significant fiscal impact. The selected nonprofit will receive contract dollars to cover the cost to implement the initiative, to include creating the required website and materials, conducting outreach, and advertising public events.

C. Government Sector Impact:

Indeterminate, likely significant fiscal impact. The bill requires DOEA to contract for and support a statewide Alzheimer's Disease Awareness Initiative, including a website, advertising, and a mobile outreach program. The bill also requires the Alzheimer's Disease Advisory Committee to evaluate the initiative each year, which may add administrative workload.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates s. 430.505, Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.



201536

LEGISLATIVE ACTION

Senate

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House

The Committee on Children, Families, and Elder Affairs (Simon)
recommended the following:

Senate Amendment (with title amendment)

Delete lines 16 - 18

and insert:

Section 1. Section 430.5016, Florida Statutes, is created
to read:

430.5016 Alzheimer's Disease Awareness Initiative.-

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:



201536

11 Delete line 3
12 and insert:
13 Initiative; creating s. 430.5016, F.S.; requiring the

By Senator Yarborough

4-00826-26

2026624__

1 A bill to be entitled
2 An act relating to batterers' intervention program
3 activities; amending s. 741.325, F.S.; authorizing
4 batterers' intervention programs to offer supplemental
5 faith-based activities; prohibiting required
6 participation in such activities; providing an
7 effective date.

8
9 Be It Enacted by the Legislature of the State of Florida:

10
11 Section 1. Present subsection (2) of section 741.325,
12 Florida Statutes, is redesignated as subsection (3), and a new
13 subsection (2) is added to that section, to read:

14 741.325 Requirements for batterers' intervention programs.-
15 (2) A batterers' intervention program may offer
16 supplemental faith-based activities to participants.
17 Participation in such activities may not be required as part of
18 the program.

19 Section 2. This act shall take effect July 1, 2026.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: SB 624

INTRODUCER: Senator Yarborough

SUBJECT: Batterers' Intervention Program Activities

DATE: December 29, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Kennedy	Tuszynski	CF	Pre-meeting
2.			JU	
3.			RC	

I. Summary:

SB 624 adds a new subsection to s. 741.325, F.S., authorizing Batterers' Intervention Programs (BIPs) to offer supplemental faith-based activities, while explicitly prohibiting programs from requiring participant involvement in such activities as a condition of program participation.

The bill likely does not have a fiscal impact on state government. *See* Section V. Fiscal Impact Statement.

The bill is effective July 1, 2026.

II. Present Situation:

Batterers' Intervention Programs (BIPs)

A BIP is designed to address and change the behavior of an individual who has committed acts of domestic violence. These programs aim to enhance accountability,¹ reduce recidivism, and promote the safety of victims of Domestic Violence by educating participants on the impact of their actions and teaching them non-violent conflict resolution strategies.² Unlike anger management programs, BIPs focus on power and control dynamics that fuel abusive behaviors.³

¹ The Florida Department of Children and Families, Child Welfare and Child Protection (Domestic Violence program page), available at: <https://www.myflfamilies.com/services/abuse/domestic-violence/programs/child-welfare-child-protection> (last visited 12/30/2025).

² Rule 65H-2.017, F.A.C.; The Florida State Courts, *What Is the Difference Between Anger Management and a Certified Batterer Intervention Program (BIP)*, available at: <https://www.flcourts.gov/content/download/864671/file/Differences%20between%20AM%20and%20BIP.pdf> (last visited 12/30/2025)

³ The Florida Department of Children and Families, *Common Differences Between Anger Management and Batterer Intervention Programs*, available at: <https://www.myflfamilies.com/sites/default/files/2025->

If an individual is found guilty of, has adjudication withheld on, or pleads nolo contendere to a crime of domestic violence, the court must impose a minimum term of 1 year of probation and require the defendant to attend and complete a batterers' intervention program as a condition of probation.⁴ The statute allows judicial discretion to waive this requirement if the court states on the record why a batterers' intervention program might be inappropriate.⁵ The Department of Children and Families (DCF) currently allows BIP providers to include supplemental faith-based activities,⁶ however this faith-based content cannot be a mandatory part of program curriculum.⁷

State Law

In 1995, the Florida Legislature enacted requirements for BIPs, including a minimum duration of 29 weeks and a curriculum based on cognitive behavioral therapy models that focus on power and control dynamics in abusive relationships.⁸ The following year, the Legislature directed the DCF to oversee certification and compliance of BIPs to maintain program integrity and effectiveness.⁹ Unless deemed ineligible the intervention program condition must be imposed.¹⁰

In September of 2022, the DCF finalized a rule that created certification requirements for BIP.¹¹ This rule specifically prohibits BIP curriculum from requiring faith-based ideology associated with a particular religion or denomination.¹² Generally, BIP curricula must follow a cognitive behavioral therapy or psychoeducational model, addressing power and control dynamics and incorporate elements that include:¹³

- The batterer taking responsibility for the violence.
- Viewing intimate partner violence as a learned behavior.
- Healthy expression of feelings.
- Communication and listening skills.
- Negotiation and conflict resolution.
- Not involving victim participation, fair fighting techniques, or faith-based ideology associated with a particular religion or denomination.

As of December 30, 2025, there were a total 79 providers statewide offering BIP programs, available to circuit courts and individuals who require services.¹⁴ Of these programs there are several who are faith-based, including the Salvation Army, Healing Hearts Ministry, Community

[04/Common%20Differences%20Between%20Anger%20Management%20and%20Batterer%20Intervention%20Programs.pdf](#) (last visited 12/30/2025).

⁴ Section 741.281, F.S.

⁵ *Id.*

⁶ Florida Department of Children and Families, *2025 Agency Analysis*, p.2 (on file with the Children, Families, and Elder Affairs Committee).

⁷ Rule 65H-2, F.A.C.

⁸ Section 741.325, F.S.; Ch. 95-195, Laws of Fla.

⁹ Section 741.327, F.S.; Ch. 96-312, Laws of Fla.

¹⁰ Section 741.325, F.S.

¹¹ Rule 65H-2.017, F.A.C.

¹² Rule 65H-2.017(2)(e), F.A.C.

¹³ *See generally* Rule 65H-2.017, F.A.C.

¹⁴ The Florida Department of Children and Families, *Find a Local Batterers' Intervention Program*, available at: <https://www.myflfamilies.com/services/abuse/domestic-violence/resources/find-local-batterers-intervention-program> (last visited 12/30/25).

Hands of Hope, and Free Spirit Evangelistic Outreach Ministries.¹⁵ These faith-based programs are certified by the DCF and provide BIP programs without integrated faith-based content.

First Amendment Free Exercise Challenge

The First Amendment of the United States Constitution contains what are known as the Establishment and Free Exercise Clauses. Together those clauses read:

“Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof . . .”¹⁶

This language has been interpreted by the Supreme Court of the United States to generally mean that the federal and state governments cannot create law that establishes the belief in a religion or prohibit citizens from exercising their religious beliefs freely.

The DCF recently defended a First Amendment challenge in federal court related to the current provision of Rule 65H-2.017, F.A.C., that prohibits BIP curriculum from including faith-based ideology associated with a particular religion or denomination.¹⁷ The court held that the DCF rule prohibiting “faith-based ideology associated with a particular religion or denomination” was government speech and not violative of the free expression or exercise clause of the First Amendment and that “an observer of court-ordered BIP sessions would reasonably believe the government has endorsed the message expressed during that program.”¹⁸

On appeal, the United States Court of Appeals for the Eleventh Circuit affirmed the district court’s ruling, agreeing that the required BIP curriculum constitutes government speech. The court held that the state has historically used BIPs to communicate its own message, that participants would reasonably associate the program’s content with the government, and that the state exercises substantial control over the content.¹⁹ The court also held DCF’s authority to exclude faith-based ideology associated with a particular religion or denomination from certified BIP programming.²⁰

III. Effect of Proposed Changes:

SB 624 amends s. 741.325, F.S., to expand the permissible scope of batterers’ intervention program activities by allowing programs to offer supplemental faith-based activities in addition to required program components.

These changes allow participant choice in programs that may offer faith-based activities and content. However, while the language allows supplemental faith-based activities, it clearly

¹⁵ *Supra*, Note 6.

¹⁶ U.S. CONST. amend. I.

¹⁷ *Nussbaumer v. Harris*, United States District Court, Northern District of Fla., Case No. 4:22cv448-MW-MAF (November 15, 2024).

¹⁸ *Supra*, Note 6, p. 5.

¹⁹ *Nussbaumer v. Secretary, Florida Dept of Children and Families*, United States Court of Appeals, Eleventh Circuit, No. 24-14082, 2025 (11th Cir. September 4, 2025).

²⁰ *Id.*

prevents said programs from *requiring* participation in any offered supplemental faith-based activities as a condition of completing the batterers' intervention program.

The bill provides for an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill amends s. 741.325 of Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

FOR CONSIDERATION By the Committee on Children, Families, and Elder Affairs

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A bill to be entitled

An act relating to child welfare; amending s. 39.01, F.S.; revising the definition of the term "visitor"; amending s. 409.1455, F.S.; renaming the Step into Success Workforce Education and Internship Pilot Program as the Step into Success Workforce Education and Internship Program; deleting a provision limiting the duration of the program; requiring the department's Office of Continuing Care to develop certain cohorts within specified regions, collaborate with certain organizations and recruit mentors and organizations, and provide eligible former foster youth with internship placement opportunities; deleting a provision requiring that the program be administered in a certain manner; deleting obsolete language; requiring the Office of Continuing Care to develop trauma-informed training for mentors of certain former foster youth which meets certain requirements; authorizing the office to provide certain additional trainings on mentorship of special populations; revising the amount of monthly financial assistance that the office shall provide to participating former foster youth; requiring the office to assign experienced staff to serve as program liaisons for a specified purpose; revising qualifications to serve as a mentor; authorizing the department to offer certain training to mentors in subsequent years; authorizing an employee who serves as a mentor to participate in certain additional

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trainings; deleting a provision authorizing the offset of a reduction in or loss of certain benefits due to receipt of a Step into Success stipend by an additional stipend payment; amending s. 1004.615, F.S.; requiring the Florida Institute for Child Welfare, in collaboration with the department's Office of Quality and Office of Child and Family Well-being, to establish a certain best practices program; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (91) of section 39.01, Florida Statutes, is amended to read:

39.01 Definitions.—When used in this chapter, unless the context otherwise requires:

(91) "Visitor" means a person who:

(a) Provides care or supervision to a child in the home, other than a contracted service provider screened pursuant to chapter 435; or

(b) Is 12 years of age or older, other than a child in care, and who will be in the child's home at least:

1. Ten ~~Five~~ consecutive days; or

2. Fourteen ~~Seven~~ days or more in 1 month.

Section 2. Subsections (2) and (4), paragraphs (b) and (e) of subsection (6), paragraph (b) of subsection (7), paragraph (d) of subsection (10), and subsection (11) of section 409.1455, Florida Statutes, are amended, and paragraph (i) is added to subsection (6) of that section, to read:

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59 409.1455 Step into Success Workforce Education and
60 Internship ~~Pilot~~ Program for foster youth and former foster
61 youth.—

62 (2) CREATION.—The department shall establish the ~~3-year~~
63 Step into Success Workforce Education and Internship ~~Pilot~~
64 Program to give eligible foster youth and former foster youth an
65 opportunity to learn and develop essential workforce and
66 professional skills, to transition from the custody of the
67 department to independent living, and to become better prepared
68 for an independent and successful future. The ~~pilot~~ program must
69 consist of an independent living professionalism and workforce
70 education component and, for youth who complete that component,
71 an onsite workforce training internship component. In
72 consultation with subject-matter experts and the community-based
73 care lead agencies, the office shall develop and administer the
74 ~~pilot~~ program for interested foster youth and former foster
75 youth; however, the department may contract with entities that
76 have demonstrable subject-matter expertise in the transition to
77 adulthood for foster youth, workforce training and preparedness,
78 professional skills, and related subjects to collaborate with
79 the office in the development and administration of the ~~pilot~~
80 program. The independent living professionalism and workforce
81 education component of the program must culminate in a
82 certificate that allows a former foster youth to participate in
83 the onsite workforce training internship.

84 (4) REQUIREMENTS OF THE DEPARTMENT AND OFFICE.—The
85 department shall establish and the office shall develop and
86 administer the ~~pilot~~ program for eligible foster youth and
87 former foster youth. The office shall do all of the following:

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88 (a) Develop eligible foster youth and former foster youth
89 cohorts within the department's regions.

90 (b) Collaborate with local chambers of commerce and recruit
91 mentors and organizations within the department's regions,
92 emphasizing recruitment of mentors and organizations in the
93 following counties:

94 1. Duval.

95 2. Escambia.

96 3. Hillsborough.

97 4. Palm Beach.

98 5. Polk.

99 (c) Provide eligible former foster youth with a variety of
100 internship placement opportunities, including by connecting
101 existing third-party mentorship organizations that focus on
102 former foster youth with eligible former foster youth who have
103 an interest in such organizations' programs ~~The pilot program~~
104 ~~must be administered as part of an eligible foster youth's~~
105 ~~regular transition planning under s. 39.6035 or as a post-~~
106 ~~transition service for eligible former foster youth. The office~~
107 ~~must begin the professionalism and workforce education component~~
108 ~~of the program on or before January 1, 2024, and the onsite~~
109 ~~workforce training internship component of the program on or~~
110 ~~before July 1, 2024.~~

111 (6) ONSITE WORKFORCE TRAINING INTERNSHIP COMPONENT
112 REQUIREMENTS.—The office shall do all of the following in
113 connection with the onsite workforce training internship program
114 for eligible former foster youth:

115 (b) ~~Develop a minimum of 1 hour of~~ required trauma-informed
116 training for mentors to satisfy the requirements provided in

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117 sub-subparagraph (7) (b) 1.e. Such training must include
118 interactive or experiential components, such as role-playing,
119 scenario discussion, or case studies. The office may provide at
120 least 4 additional 1-hour trainings on mentorship of special
121 populations as optional training opportunities, which must be
122 asynchronous and accessible to mentors online at their
123 convenience, and shall inform participating organizations of
124 these optional training opportunities ~~teach the skills necessary~~
125 ~~to engage with participating eligible former foster youth.~~

126 (e) Provide a participating former foster youth with
127 financial assistance in the amount of \$1,717 ~~\$1,517~~ monthly and
128 develop a process and schedule for the distribution of payments
129 to former foster youth participating in the component, subject
130 to the availability of funds.

131 (i) Assign experienced staff to serve as program liaisons
132 who are available for mentors to contact whenever the mentors
133 need to debrief or have questions concerning a former foster
134 youth.

135 (7) REQUIREMENTS FOR PARTICIPATING ORGANIZATIONS.—Each
136 organization participating in the onsite workforce training
137 internship component shall:

138 (b) Recruit employees to serve as mentors for former foster
139 youth interning with such organizations.

140 1. To serve as a mentor, an employee must:

141 a. Have worked in his or her career field or area ~~for the~~
142 ~~participating organization~~ for at least 1 year;

143 b. Have experience relevant to the job and task
144 responsibilities of the intern;

145 c. Sign a monthly hour statement for the intern;

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d. Allocate at least 1 hour per month to conduct mentor-led performance reviews, to include a review of the intern's work product, professionalism, time management, communication style, and stress-management strategies; and

e. Complete ~~a minimum of 1 hour of~~ trauma-informed training to gain and maintain skills critical for successfully engaging former foster youth. The employee must complete a 1-hour training before being matched with a former foster youth which covers core topics, including, but not limited to:

(I) Understanding trauma and its impacts.

(II) Recognizing and responding to trauma-related behaviors.

(III) De-escalation strategies and crisis response.

(IV) Boundaries and mentor self-care.

(V) Communication skills.

The department may offer a 1-hour training to review topics covered by the training required under this sub-subparagraph every subsequent year that the employee chooses to serve as a mentor.

2. Subject to available funding, an employee who serves as a mentor and receives the required trauma-informed training is eligible for a maximum payment of \$1,200 per intern per fiscal year, to be issued as a \$100 monthly payment for every month of service as a mentor.

3. An employee may serve as a mentor for a maximum of three interns at one time and may not receive more than \$3,600 in compensation per fiscal year for serving as a mentor. Any time spent serving as a mentor to an intern under this section counts

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toward the minimum service required for eligibility for payments pursuant to subparagraph 2. and this subparagraph.

4. An employee who serves as a mentor may participate in additional trainings on the mentorship of special populations as made available by the office.

(10) CONDITIONS OF PARTICIPATION IN THE INTERNSHIP COMPONENT.—

(d) Stipend money earned pursuant to the internship component may not be considered earned income for purposes of computing eligibility for federal or state benefits, including, but not limited to, the Supplemental Nutrition Assistance Program, a housing choice assistance voucher program, the Temporary Cash Assistance Program, the Medicaid program, or the school readiness program. ~~Notwithstanding this paragraph, any reduction in the amount of benefits or loss of benefits due to receipt of the Step into Success stipend may be offset by an additional stipend payment equal to the value of the maximum benefit amount for a single person allowed under the Supplemental Nutrition Assistance Program.~~

(11) REPORT.—The department shall include a section on the Step into Success Workforce Education and Internship ~~Pilot~~ Program in the independent living annual report prepared pursuant to s. 409.1451(6) which includes, but is not limited to, all of the following:

(a) Whether the ~~pilot~~ program is in compliance with this section, and if not, barriers to compliance.

(b) A list of participating organizations and the number of interns.

(c) A summary of recruitment efforts to increase the number

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of participating organizations.

(d) A summary of the feedback and surveys received pursuant to paragraph (6)(h) from participating former foster youth, mentors, and others who have participated in the ~~pilot~~ program.

(e) Recommendations, if any, for actions necessary to improve the quality, effectiveness, and outcomes of the ~~pilot~~ program.

(f) Employment outcomes of former foster youth who participated in the ~~pilot~~ program, including employment status after completion of the program, whether he or she is employed by the participating organization in which he or she interned or by another entity, and job description and salary information, if available.

Section 3. Present subsections (9), (10), and (11) of section 1004.615, Florida Statutes, are redesignated as subsections (10), (11), and (12), respectively, and a new subsection (9) is added to that section, to read:

1004.615 Florida Institute for Child Welfare.—

(9) The institute, in collaboration with the Department of Children and Families' Office of Quality and Office of Child and Family Well-being, shall establish a program to identify, describe, and catalogue best practices within the community-based care model. Such best practices may include, but need not be limited to, management practices, administrative structure, internal and external communication, quality assurance, contract management, program development and creation, and child and family outcome monitoring.

Section 4. This act shall take effect July 1, 2026.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: SPB 7018

INTRODUCER: For consideration by the Children, Families, and Elder Affairs Committee

SUBJECT: Child Welfare

DATE: January 9, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rao	Tuszynski		Pre-meeting

I. Summary:

SB 7018 makes changes to improve the efficiency and effectiveness of the child welfare system. The bill changes the definition of “visitor” to reduce the number of background checks required for visitors to promote normalcy within foster homes.

The bill makes the Step into Success Pilot Program into a permanent statewide program within the Office of Continuing Care at the DCF. The bill promotes the expansion of the program into more diverse areas and emphasizes collaboration between the DCF and local chambers of commerce. The bill strengthens the training opportunities available to program mentors and requires the DCF to provide experienced staff as program liaisons. The bill increases the stipend provided to participating former foster youth by removing the under-utilized welfare stipend offset and increasing stipend payments for *all* former foster youth participating in the Step into Success program.

The bill also requires the Florida Institute for Child Welfare (FICW) to develop and implement a program to identify and catalogue best practices that community-based care lead agencies are utilizing across the state. The bill requires the FICW to collaborate with the DCF’s Office of Quality and Office of Child and Family Well-Being.

The bill has an effective date of July 1, 2026.

II. Present Situation:

Florida’s Child Welfare System – Generally

Chapter 39, F.S., creates Florida’s dependency system charged with protecting children who have been abused, abandoned, or neglected.¹ Florida’s child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective

¹ Chapter 39, F.S.

investigations.² The Department of Children and Families (DCF) and community-based care (CBC) lead agencies³ work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.⁴

Child welfare services are directed toward the prevention of child abuse, abandonment, and neglect.⁵ The DCF aims to increase the safety of the child within his or her home, using in-home services, such as parenting coaching and counseling to maintain and strengthen the child's natural supports in the home environment.⁶ These services are coordinated by DCF-contracted CBCs. The outsourced provision of child welfare services is intended to increase local community ownership of the services provided and their design. Lead agencies contract with many subcontractors for case management and direct-care services to children and their families.⁷ There are 16 lead agencies statewide that serve the states 20 judicial circuits.⁸ Ultimately, the DCF remains responsible for the operation of the central abuse hotline and investigations of abuse, abandonment, and neglect.⁹ Additionally, the department is responsible for all program oversight and the overall performance of the child welfare system.¹⁰

Department of Children and Families

The DCF implements a practice model for child and family well-being that is safety-focused, trauma-informed, and family-centered. Such practices are intended to ensure:

- Permanency. Florida's children should enjoy long-term, secure relationships within strong families and communities.
- Child Well-Being. Florida's children should be physically and emotionally healthy and socially competent.
- Safety. Florida's children should live free from maltreatment.
- Family Well-Being. Florida's families should nurture, protect, and meet the needs of their children, and should be well integrated into their communities.¹¹

² See generally s. 39.101, F.S. (establishing the central abuse hotline and timeframes for initiating investigations).

³ See s. 409.986(1)(a), F.S. (finding that it is the intent of the Legislature that the Department of Children and Families "provide child protection and child welfare services to children through contracting with CBC lead agencies"). A "community-based care lead agency" or "lead agency" means a single entity with which the DCF has a contract for the provision of care for children in the child protection and child welfare system, in a community that is no smaller than a county and no larger than two contiguous judicial circuits. Section 409.986(3)(d), F.S. The secretary of DCF may authorize more than one eligible lead agency within a single county if doing so will result in more effective delivery of services to children. *Id.*

⁴ Chapter 39, F.S.

⁵ Section 39.001, F.S.

⁶ See generally The Department of Children and Families, *Florida's Child Welfare Practice Model*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/floridas-child-welfare-practice-model> (last visited 11/6/25).

⁷ Department of Children and Families, *About Community-Based Care (CBC)*, available at: <https://www.myflfamilies.com/services/child-and-family-well-being/community-based-care/about> (last visited 11/6/25).

⁸ Department of Children and Families, *Lead Agency Information*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited 11/6/25).

⁹ Section 39.101, F.S.

¹⁰ *Id.*

¹¹ See generally Department of Children and Families (DCF), *Florida's Child Welfare Practice Model*, available at: https://www.myflfamilies.com/sites/default/files/2022-12/FLCSPPracticeModel_0.pdf (last visited 11/6/25).

Office of Continuing Care

The Office of Continuing Care (Office) was created by the Legislature in 2021.¹² Established to ensure young adults aging out of the foster care system have ongoing support and care coordination, the Office serves young adults who have aged out of the foster care system between 18 and 21 years of age, or 22 years of age with a documented disability.¹³ The Office is responsible for a variety of duties including, but not limited to, the following:¹⁴

- Informing young adults aging out of the foster care system of the Office's purpose, the services the Office provides, and contact information.
- Serving as a direct contact to the young adult to provide information on how to access services such as food assistance, behavioral health services, housing, Medicaid, and educational services.
- Collaborating with CBC lead agencies to identify local resources for young adults.
- Developing and administering the Step into Success Workforce Education and Internship Pilot Program for foster youth and former foster youth.
- Identifying supportive adults for children transitioning out of foster care to live independently, in coordination with the Statewide Guardian ad litem Office.

Office of Quality

In 2020, the Legislature created the Office of Quality (Office) within the DCF.¹⁵ Intended to ensure the DCF and contracted service providers achieve high levels of performance, the duties of the Office include, but are not limited to, the following:¹⁶

- Identifying performance standards and metrics for the DCF and all contracted service providers reflected in the statutorily required strategic plan and results-oriented accountability system;
- Strengthening the DCF's data and analytic capabilities to identify systemic strengths and deficiencies;
- Recommending initiatives to correct programmatic and systemic deficiencies;
- Engaging and collaborating with contractors, stakeholders, and other relevant entities to improve quality, efficiency, and effectiveness of DCF programs and services; and
- Reporting systemic or persistent failures to meet performance standards and recommending corrective action to the DCF secretary.

The Office submits annual reports to the Legislature that assess the overall health of each circuit's child welfare system by evaluating performance for child protective investigators, CBC lead agencies, and children's legal services.¹⁷

¹² Ch. 2021-169, L.O.F.

¹³ Section 414.54, F.S.

¹⁴ *Id.*

¹⁵ Ch. 2020-152, L.O.F.

¹⁶ Section 402.715, F.S.

¹⁷ Florida Department of Children and Families, *2024 Annual Accountability Report on the Health of Florida's Child Welfare System*, available at: <https://www.myflfamilies.com/accountability> (last visited 1/7/26).

Office of Child and Family Well-Being

The Office of Child and Family Well-Being supports families working to stay safely together or be reunited, monitors the foster care and adoption systems, and supports young adults transitioning from foster care to independence.¹⁸

Every month, the Office of Child and Family Well-Being publishes monthly trends in the child welfare system to the Office of Child and Family Well-Being Dashboard on the department's website.¹⁹ The dashboard is composed of the following metrics:²⁰

- *Safety*. Measures the efficiency of child protective investigations and the child protective workforce.
- *Well-Being*. Measures the percentage of children in the child welfare system that have access to medical services, dental services, and the outcomes of youth aging out of the child welfare system.
- *Permanency*. Measures the success rates of permanency goals such as successful adoptions, sibling groups placed together, kinship care, and children who do not re-enter out-of-home care after moving to a permanent home.
- *Monthly Trends*. Measures the number of children in out-of-home care, the number of children receiving in-home services, and the number of alleged maltreatments and child protective investigations with verified findings.
- *Demographics*. Measures the disproportionality index for children in out-of-home care.

Dependency System Process

When child welfare necessitates that the DCF remove a child from the home to ensure his or her safety, a series of dependency court proceedings must occur to place that child in an out-of-home placement, adjudicate the child as dependent, and if necessary, terminate parental rights and free the child for adoption. This process is typically triggered by a report to the central abuse hotline and a child protective investigation that makes a safety determination as to whether the child should remain in his or her home, notwithstanding provided DCF services. Generally, the dependency process includes, but is not limited to:

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- In-home services or shelter of a child and an out-of-home placement.
- A court finding the child dependent.²¹

¹⁸ Florida Department of Children and Families, *Child and Family Well-Being Overview*, available at: <https://myflfamilies.com/services/child-family/child-and-family-well-being/office-child-and-family-well-being> (last visited 1/7/26).

¹⁹ Florida Department of Children and Families, *Office of Child and Family Well-Being Dashboard*, available at: <https://www.myflfamilies.com/ocfw-dashboard> (last visited 1/7/26).

²⁰ *Id.*

²¹ A “child who is found to be dependent” refers to a child who is found by the court: to have been abandoned, abused, or neglected by the child’s parents or legal custodians; to have been surrendered to the DCF or licensed child-placing agency for the purpose of adoption; to have parents or legal custodians that failed to substantially comply with the requirements of a case plan for the purpose of reunification; to have been voluntarily placed with a licensed child-placing agency for the purposes of subsequent adoption; to have no parent or legal custodians capable of providing supervision and care; to be at substantial risk of imminent abuse, abandonment, or neglect; or to have been sexually exploited and to have no parent, legal custodian, or responsible adult relative available to provide the necessary and appropriate supervision. Section 39.01(15), F.S.

- Case planning to address the problems that resulted in the child’s dependency.
- Reunification with the child’s parent or other appropriate permanency option, such as adoption.²²

Central Abuse Hotline and Investigations

The department is statutorily required to operate and maintain a central abuse hotline to receive reports of known or suspected instances of child abuse,²³ abandonment,²⁴ or neglect,²⁵ or instances when a child does not have a parent, legal custodian, or adult relative available to provide supervision and care.²⁶ The hotline must operate 24 hours a day, 7 days a week, and accept reports through a single statewide toll-free telephone number or through electronic reporting.²⁷

If the hotline counselor determines a report meets the definition of abuse, abandonment, or neglect, the report is accepted for a protective investigation.²⁸ Based on the report, the department makes a determination regarding when to initiate a protective investigation:

- An investigation must be immediately initiated if:
 - It appears the child’s immediate safety or well-being is endangered;
 - The family may flee or the child will be unavailable for purposes of conducting a child protective investigation; or
 - The facts otherwise warrant; or
- An investigation must be initiated within 24 hours in all other cases of child abuse, abandonment, or neglect.²⁹

Once a child protective investigator (CPI) is assigned, the CPI assesses the safety and perceived needs of the child and family; whether in-home services are needed to stabilize the family; and whether the safety of the child necessitates removal and the provision of out-of-home services.³⁰

²² Office of the State Courts Administrator, The Office of Family Courts, *A Caregiver’s Guide to Dependency Court*, available at: <https://flcourts-media.flcourts.gov/content/download/218185/file/Web-Caregivers-Guide-Final-09.pdf> (last visited 1/7/26); see also ch. 39, F.S.

²³ Section 39.01(2), F.S. defines “abuse” as any willful or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired.

²⁴ Section 39.01(1), F.S. defines “abandoned” or “abandonment” as a situation in which the parent or legal custodian of a child of, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child’s care and maintenance or has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. “Establish or maintain a substantial and positive relationship” means, in part, frequent and regular contact with the child, and the exercise of parental rights and responsibilities.

²⁵ Section 39.01(53), F.S. states “neglect” occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child’s physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired, except when such circumstances are caused primarily by financial inability unless services have been offered and rejected by such person.

²⁶ Section 39.201(1), F.S.

²⁷ Section 39.101(1), F.S.

²⁸ Section 39.201(4)(a), F.S.

²⁹ Section 39.101(2), F.S.

³⁰ See generally s. 39.301, F.S. and Part IV, Chapter 39, F.S. (regulating taking children into custody and shelter hearings).

In-Home Services

The DCF is required to make all efforts to keep children with their families and provide interventions that allow children to remain safely in their own homes.³¹ CPIs and CBC case managers refer families for in-home services to allow children to remain in their own homes.

As of October 31, 2025, there were 7,947 children and young adults receiving in-home services.³²

Out-of-Home Care

When a CPI determines that in-home services are not enough to ensure a child's safety, the CPI removes the child from the home and places him or her in a safe and appropriate temporary out-of-home placement.³³ These placements are aimed to be the least restrictive, most family-like placements available, and are intended to provide short-term housing and support to a child until the child can safely return home, or the child achieves an alternate form of permanency, such as adoption, if reunification is not attainable.³⁴ The DCF is required to consider a child's placement in the following priority order:

- Non-offending parent.
- Relative caregiver.
- Adoptive parent of the child's sibling.
- Fictive kin who has a close existing relationship to the child.
- Nonrelative caregiver that does not have an existing relationship to the child.
- Licensed foster care.
- Group or congregate care.³⁵

³¹ Sections 39.402(7), 39.521(1)(f), and 39.701(d), F.S.

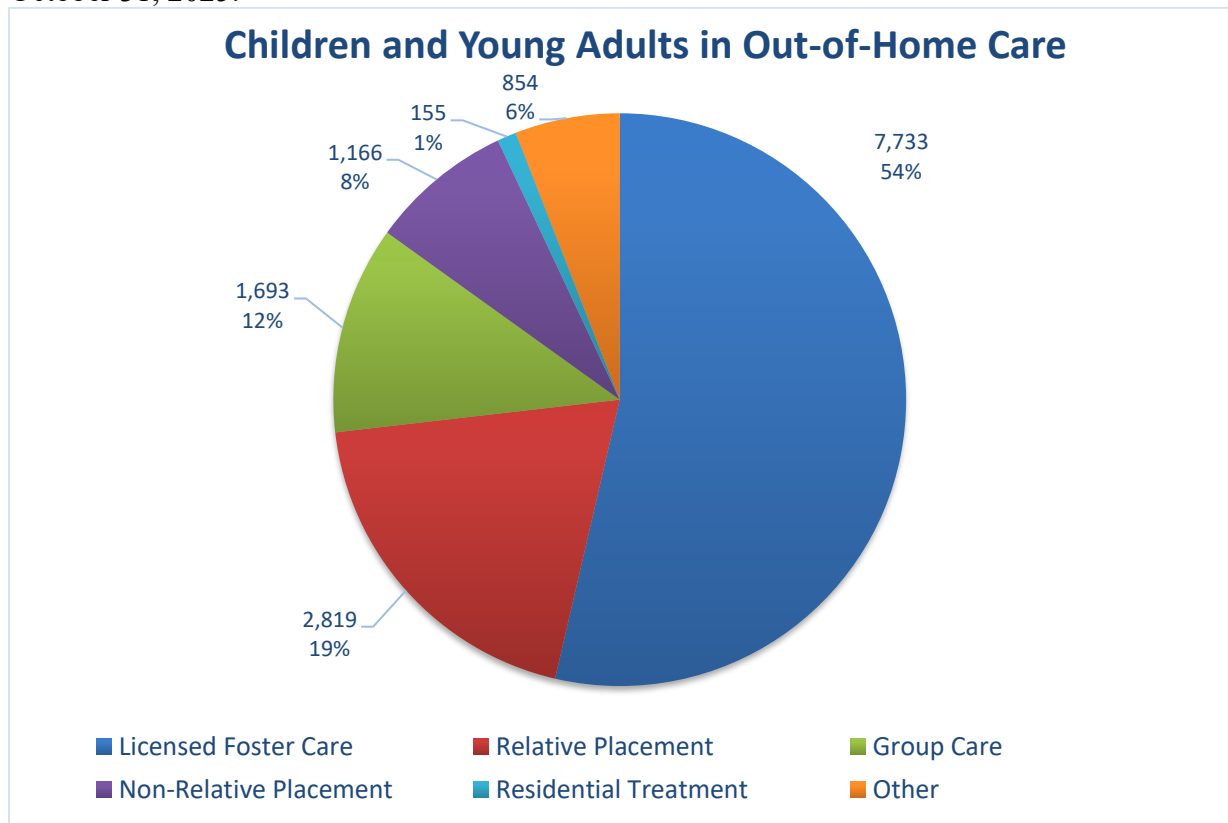
³² Florida Department of Children and Families, *Office of Child and Family Well-Being Dashboard*, available at: <https://www.myflfamilies.com/ocfw-dashboard> (last visited 11/10/25).

³³ Section 39.4021, F.S.

³⁴ Florida Department of Children and Families, *Florida's Child Welfare Practice Model*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/floridas-child-welfare-practice-model> (last visited 11/10/25).

³⁵ Section 39.4021, F.S.

The following chart demonstrates the number of children in out-of-home placement types as of October 31, 2025.³⁶



Criminal History Check Requirements for Visitors

To preserve the safety of children in out-of-home placements, individuals 18 years of age and older that visit an out-of-home placement are subject to state, national, and local criminal history records checks. Such criminal history record checks may include, but are not limited to, submission of fingerprints to the Department of Law Enforcement for forwarding to the Federal Bureau of Investigation (FBI) and local criminal records checks.³⁷

Florida law defines a “visitor” as a person who:

- Provides care or supervision to a child in the home; or
- Is 12 years of age or older, other than a child in care, and who will be in the child’s home at least:
 - Five consecutive days; or
 - Seven days or more in 1 month.³⁸

The limited timeframe an individual may visit the home before being required to conduct a background check may lead to excessive burden on foster families and intrude on a foster

³⁶ Florida Department of Children and Families, *Office of Child and Family Well-Being Dashboard*, available at: <https://www.myflfamilies.com/ocfw-dashboard> (last visited 11/10/25).

³⁷ Section 39.0138 (1), F.S.

³⁸ Section 39.01(91), F.S.

family's ability to exercise reasonable judgment as to who is allowed in the foster home. Additionally, if a visitor fails to submit fingerprints within 15 calendar days after the name-based criminal history check is conducted, the DCF must seek a court order to immediately remove the child from the home, leading to placement disruption that may be harmful to the child's permanency goals.³⁹

Background Screenings

Chapter 435, F.S. establishes uniform procedures for background screenings for employees, volunteers, and contractors in Florida.⁴⁰ Individuals may be required to have a Level 1 or Level 2 background screening, depending on the job or volunteer opportunity that requires the screening. Generally, background screenings identify an individual's criminal record at the local, state, and national level, and determine if an individual is a registered sexual predator or sexual offender.⁴¹

Step Into Success

The Legislature created the Step into Success Workforce Education and Internship Pilot Program within the department's Office of Continuing Care in 2023.⁴² The program is intended to help eligible foster youth and former foster youth as they develop professional skills and prepare for an independent and successful future.⁴³

To date, there have been three cohorts of the Step into Success Pilot Program, with over 30 eligible former foster youth beginning internships in the Tallahassee and Orlando areas.⁴⁴ The DCF engages with former foster youth to ascertain career fields they may be interested in. Subsequently, the DCF pairs the foster youth with a mentor that works in that career field, providing the foster youth with the opportunity to experience the career field they are interested in first-hand.

Eligibility for the Step into Success Program

The Step into Success Pilot Program determines eligibility for the program by involvement in the foster care system. Each level of licensed foster care varies in service levels based on the foster child's needs for the out-of-home placement. The following chart displays the levels of licensed care.⁴⁵

³⁹ Section 39.0138(5), F.S.

⁴⁰ See Chapter 435, F.S.

⁴¹ *Id.*

⁴² Ch. 2023-255, L.O.F.

⁴³ Florida Department of Children and Families, *Step into Success Pilot Program*, available at: <https://www.myflfamilies.com/youth-young-adults> (last visited 11/10/25).

⁴⁴ December 3, 2025 E-mail from Chancer Teel, Legislative Affairs Director, the DCF (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁴⁵ See generally Florida Department of Children and Families, *Foster Home Licensing*, available at: <https://www.myflfamilies.com/services/licensing/foster-care-licensing> (last visited 11/10/25).

Licensed Care Placements	
Placement Type	Description
Level I: Child-Specific Foster Home	Places a child with relatives or non-relatives who have an existing relationship with the child and are willing and able to provide care for the child.
Level II: Non-Child Specific Foster Home	Places a child with a foster parent without having a prior relationship between the child and foster parent.
Level III: Safe Foster Home for Victims of Human Trafficking	Places a victim of human trafficking in a safe and stable environment.
Level IV: Therapeutic Foster Home	Places a child with a foster parent that has received specialized training to care for children and adolescents that have significant emotional, behavioral, or social needs.
Group Homes	Places a child in a single family or multi-family community with no greater than 14 children to meet the physical, emotional, and social needs of the child.

Current foster youth who are older than 16 years of age but younger than 18 years of age that are currently in licensed care, excluding Level I licensed placements, are eligible for the Step into Success program.⁴⁶

Former foster youth who are 18 years of age but younger than 26 years of age that are currently or were placed in licensed care, excluding Level I licensed placements, for at least 60 days, are eligible for the program.⁴⁷

Independent Living Professionalism and Workforce Education Component

During the workforce education component of the Step into Success program, the Office of Continuing Care may provide participants with resources such as workshops, mock interviews, experiential training, and assistance with securing an internship or employment.⁴⁸ Such materials must include education on topics that include, but are not limited to, the following:

- Interview skills;
- Professionalism;
- Teamwork;
- Leadership;
- Problem solving; and
- Conflict resolution in the workplace.⁴⁹

⁴⁶ Section 409.1455(3)(c), F.S.

⁴⁷ Section 409.1455(3)(b), F.S.

⁴⁸ Section 409.1455(5), F.S.

⁴⁹ *Id.*

Onsite Workforce Training Internship Component

Upon completion of the workforce education component of the program, eligible former foster youth may begin the workforce training internship. Participating individuals are paired with a mentor that has worked for the participating organization for at least one year and has completed a minimum of one hour of trauma-informed training to gain critical skills for successfully engaging former foster youth.⁵⁰ In the current cohorts, 100% of mentors reported they would mentor with the program again. Feedback suggested an increase in training requirements to better equip mentors with trauma-informed strategies for engaging with former foster youth.⁵¹

Additionally, mentors lead monthly performance reviews of the intern, to review his or her work product, professionalism, time management, communication style, and stress-management strategies. Mentors are eligible to receive a maximum payment of \$1,200 per intern per fiscal year, issued as a \$100 monthly payment for every month of service as a mentor. Employees may mentor three interns at one time, and may not receive more than \$3,600 in compensation per fiscal year.⁵²

Participating foster youth are required to intern for 80 hours per month to be eligible to receive the monthly stipend payment of \$1,517.⁵³ This stipend is not considered earned income for the purposes of computing eligibility for federal or state benefits; however, if an individual's benefits are reduced or lost due to receipt of such stipend, the individual may receive an offset by an additional stipend equal to the value of the maximum benefit amount for a single person allowed under the Supplemental Nutrition Assistance Program (\$298 monthly per a one-person household).⁵⁴ Interns may participate in the internship for no more than one year and receive 12 monthly stipends. A former foster youth may intern with multiple participating organizations, but not at the same time.⁵⁵

Step into Success Program Successes

While a very new program, the Step into Success cohorts have shown positive employment outcomes for former foster youth that participated in the internship component. Through the program, participants have improved their professionalism, communication skills, time management strategies, and workplace adaptability – skills that employers repeatedly identify as essential for success.

In cohort 1, the participants were able to land internships with various organizations in fields such as music business, real estate, nursing, public health, culinary arts, graphic design, and law.

⁵⁰ Section 409.1455 (7), F.S.

⁵¹ December 3, 2025 E-mail from Chancer Teel, Legislative Affairs Director, the DCF (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁵² *Id.*

⁵³ Section 409.1455(10), F.S. and Florida Department of Children and Families, *Step into Success Pilot Program*, available at: <https://www.myflfamilies.com/youth-young-adults> (last visited 11/10/25).

⁵⁴ Section 409.1455(10)(d), F.S.; USDA Food and Nutrition Service, *SNAP Eligibility*, available at: <https://www.fns.usda.gov/snap/recipient/eligibility> (last visited 1/7/26).

⁵⁵ Section 409.1455, F.S.

Some of the early reported wins are as follows:⁵⁶

- 73% of participants in Cohort 1 completed more than 11 months in the internship.
- 53% of participants in Cohort 1 were offered employment at the completion of their internship, with a majority of those with the organization in which they interned.
- 100% of Cohort 1 mentors report they would recommend being a mentor to a co-worker or colleague, 67% of these mentors were mentoring a youth with child welfare lived experience for the first time.
- Participants have reported increased confidence and experience in the workplace.

The DCF has reported that Cohort 2 and 3 in Tallahassee and Orlando have a combined 22 participants that started and completed the workforce education and professionalism component of the Step into Success program, with 15 starting an internship, 3 pending placement, and 1 finding full-time employment outside of the program.⁵⁷ These participants have stated that the workforce education training component helped them learn and understand various workforce skills, commenting the following about the training:⁵⁸

- “Useful feedback about how my skills might not be suited for this specific job, but the interviewer shared how my skills would be a great fit for another position and helped guide me towards that application.”
- “There are resources and people willing to help.”
- “Confidence. Belief in myself and knowledge about how to take it to that next step.”
- “This is amazing – a lot of people can get a lot of things out of this training.”
- “I’ve learned more in 3 days than I did in school the whole time.”
- “I can’t wait to start working.”

Florida Institute for Child Welfare

In 2014, the Legislature established the Florida Institute for Child Welfare (FICW) within the Florida State University College of Social Work.⁵⁹ Created as a policy analysis and research mechanism, FICW collaborates with partners to enhance the sustainability of the child welfare workforce.⁶⁰ The FICW provides research and evaluation to the Legislature, technical assistance and training to child welfare agencies, and publishes an annual report with recommendations to improve the state’s child welfare system.⁶¹

III. Effect of Proposed Changes:

Section 1 of the bill amends the definition of “visitor” in s. 39.01, F.S. The bill excludes contracted service providers regularly in the home that are currently screened pursuant to ch. 435, F.S. and extends the number of days an individual over the age of 12 years must be in a home before being considered a “visitor” that needs a background screening. Specifically, the bill:

⁵⁶ December 3, 2025 E-mail from Chancer Teel, Legislative Affairs Director, the DCF (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁵⁷ *Id.*

⁵⁸ *Id.*

⁵⁹ Ch. 2014-224, L.O.F.

⁶⁰ Florida Institute for Child Welfare, *About Us*, available at: <https://ficw.fsu.edu/About> (last visited 1/7/26).

⁶¹ Florida Institute for Child Welfare, *About Us*, available at: <https://ficw.fsu.edu/About> (last visited 1/7/26).

- Increases the number of consecutive days an individual must be in the home from five days to ten consecutive days; and
- Increases the number of non-consecutive days in one month from seven days to fourteen non-consecutive days or more in one month.

Section 2 of the bill amends s. 409.1455, F.S. to make the Step into Success Pilot Program into a permanent statewide program within the Office of Continuing Care at the DCF.

The bill requires the development of future cohorts of the Step into Success program within the DCF's regions and requires the office to collaborate with local chambers of commerce to recruit mentors and organizations, emphasizing the following counties:

- Duval.
- Escambia.
- Hillsborough.
- Palm Beach.
- Polk.

Further, the bill allows the office to connect eligible former foster youth with existing third-party mentorship organizations who have an interest in such organizations' programs.

The bill requires that trauma-informed training for mentors must include interactive or experiential components, such as role-playing, scenario discussion, or case studies. Mentors are required to complete a 1-hour training before being matched with a former foster youth; the training must cover core topics that include, but are not limited to, the following:

- Understanding trauma and its impacts.
- Recognizing and responding to trauma-related behaviors.
- De-escalation strategies and crisis response.
- Boundaries and mentor self-care.
- Communication skills.

The department may offer subsequent 1-hour trainings annually. Additionally, the bill allows the DCF to provide four additional optional, asynchronous, and online 1-hour trainings for mentors. The bill requires the office to inform participating organizations of such optional training opportunities.

The bill allows employees who have worked in his or her career field or area, rather than a participating organization, for at least 1 year to be eligible to serve as a mentor, which allows employees who have recently moved jobs but are subject matter experts to serve as mentors.

The bill removes the stipend offset that allows participants to recover a reduction in benefits due to receipt of the Step into Success stipend. Instead, the bill increases the stipend for all participants, changing the stipend from \$1,517 to \$1,717 across the board.

The bill requires the office to assign experienced DCF staff to serve as program liaisons that are available to support mentors during the internship period.

Section 3 of the bill amends s. 1004.615, F.S. to require the Florida Institute for Child Welfare (FICW) to establish a program to identify, describe, and catalogue best practices within the community-based care model throughout the state. Such best practices may include, but are not limited to, the following:

- Management practices;
- Administrative structure;
- Internal and external communication;
- Quality assurance;
- Contract management;
- Program development and creation; and
- Child and family outcome monitoring.

The bill requires the FICW to collaborate with the DCF Office of Quality and Office of Child and Family Well-Being.

Section 4 of the bill provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Department of Children and Families reports that they will be able to expand the Step into Success Program statewide with 12-15 intern cohorts in each region for approximately **\$2,300,000, recurring**.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.01, 409.1455, 1004.615

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.



DEPARTMENT OF CHILDREN AND FAMILIES

SB 2502 FUNDING FORMULA IMPLEMENTATION UPDATE

January 12, 2026

Senate Committee on Children, Families, and Elder Affairs

Chad Barrett
Assistant Secretary of Administration

PROPOSED FUNDING MODEL

HB 7089 (2024)

- As a result of the 2024 Legislative Session, House Bill 7089 required the Department to work in collaboration with Lead Agencies and Providers to develop a funding methodology to allocate Lead Agency funding.
- The bill further required the methodology to adhere to the following guidelines:
 - Develop an actuarially sound, reimbursement-based methodology
 - Incentivize programmatic performance
 - Consider both direct and variable cost factors
 - Propose rates and total allocations for individual Lead Agencies
 - Establish risk mitigation recommendations
 - Do not reduce rates that may be detrimental to operations

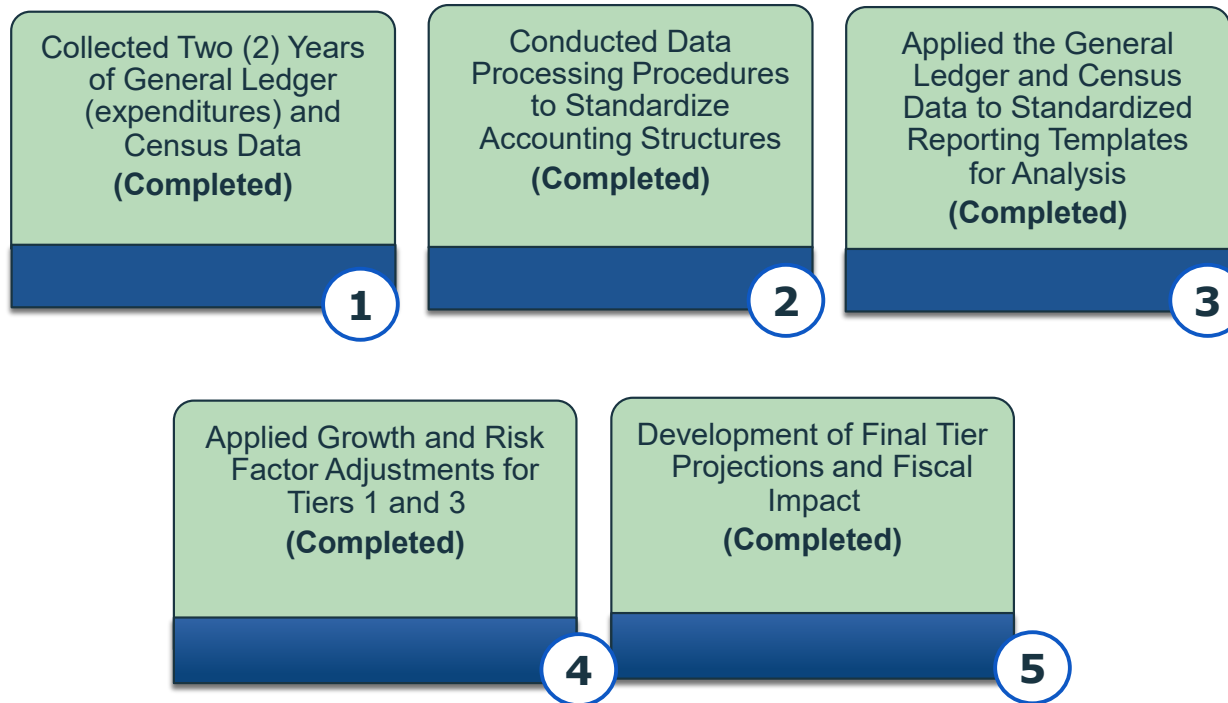
SB 2502 (2025)

- As a result of the 2025 Legislative Session, Senate Bill 2502 required the Department to develop and report on an alternative tiered funding methodology to allocate funding to Lead Agencies that strengthens the existing proposed funding framework from the previous legislative session.
- As specified in SB 2502, the methodology must be actuarially sound, cost-based, scaled for the cost-of-living, and designed to promote efficient operations.
 - Tier 1 – Administration
 - Tier 2 – Prevention
 - Tier 3 – Core Services
 - Tier 4 – Performance/Quality Measures
 - Tier 5 – Innovation



MODEL DEVELOPMENT PROCESS - COMPONENTS

Based on the language outlined in SB 2502, the Department prioritized development of the key requirements to the funding formula into **five major categories** of work consistent with the approach applied to develop the 2024 Proposed Funding Model:



PER-CHILD PER MONTH (PCPM) COMPONENTS (TIER 3)

The following inputs are used in the calculation of the Per-Child Per Month rate (PCPM) corresponding to Tier 3 of the Funding Model:

Expenditures

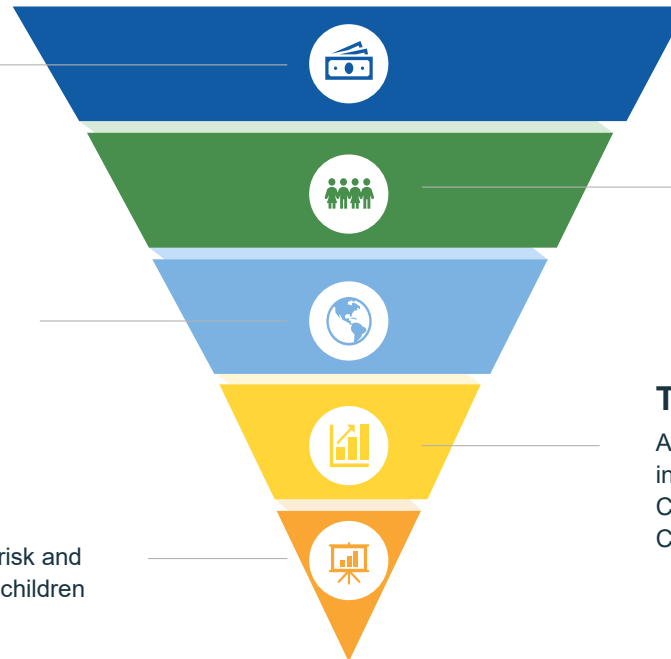
Historical expenditures reported by CBCs under the DCF CBC contract for SFY 2023-24 and SFY 2024-25, respectively.

Regional Adjustment

Leverages regional experience to support the reliability of historical data in predicting future experience.

Age/Sex Distribution

Accounts for the differences in risk and cost between male and female children across various age groups.



Census / Child Months

Child months served during SFY 2023-24 and SFY 2024-25, along with projections for SFY 2025-26, by Group of Care.

Trend

Accounts for cost growth driven by inflation (i.e., Consumer Price Index - CPI) and geographic differences (non-CPI).

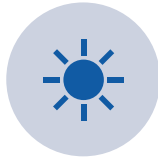
= Per-Child Per Month (PCPM) Rate



WHAT THE MODEL DOES



**Enhanced Data
Granularity and
Reporting**



**Improved
Transparency**



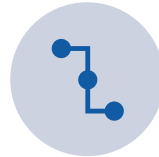
**Measurement of
Outcome-Based Child
Welfare Metrics**



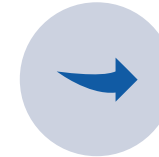
**Ability to Retain
Savings through
Efficiencies**



**Standardized
Categorization of
Prevention Services**



**Application of
Policy Levers**



**Predictability in
Funding**



KEY FUNDING MODEL COMPARISONS

2024 Proposed Model	2025 Proposed Model	Key Similarities/Differences
<u>Tier 1: Operations</u> Includes administrative, case management, and other staffing costs in one category.	<u>Tier 1: Administration</u> a. Administration b. Case Management c. Other Administration & Operations	<u>Similarities: Tier 1</u> – Does not fluctuate based on child counts and is considered fixed. <u>Differences: Tier 1</u> – Provides visibility into different staffing activities.
<u>Tier 3: Core Services (Groups of Care)</u> 1. Adoption Placement 2. Guardianship 3. In-Home 4. Licensed Out-of-Home: Extended Foster Care 5. Licensed Out-of-Home: Foster Care 6. Licensed Out-of-Home: Other 7. Non-Licensed Out-of-Home: Relative and Non-Relative 8. Non-Licensed Out-of-Home: Other 9. Post-Adoption 10. Young Adult	<u>Tier 3: Core Services (Groups of Care)</u> 1. Child Care Subsidies 2. Guardianship Assistance Payments (GAP) 3. In-Home 4. Independent Living – Extended Foster Care 5. Independent Living Services 6. Licensed Foster Home – Level I 7. Licensed Foster Home – Level II - V 8. Maintenance Adoption Subsidies (MAS) 9. Mental Health Wrap-around Services 10. Residential Group Care 11. Out-of-Home Care – Other	<u>Difference: Tier 3</u> – Outcome of the refined model aligns with current services funded and will produce a per-child per-month for each Group of Care instead of a combined per-child per-month for all Groups of Care as proposed by the 2024 model In addition, this approach creates policy levers that can be applied to drive cost outcomes.

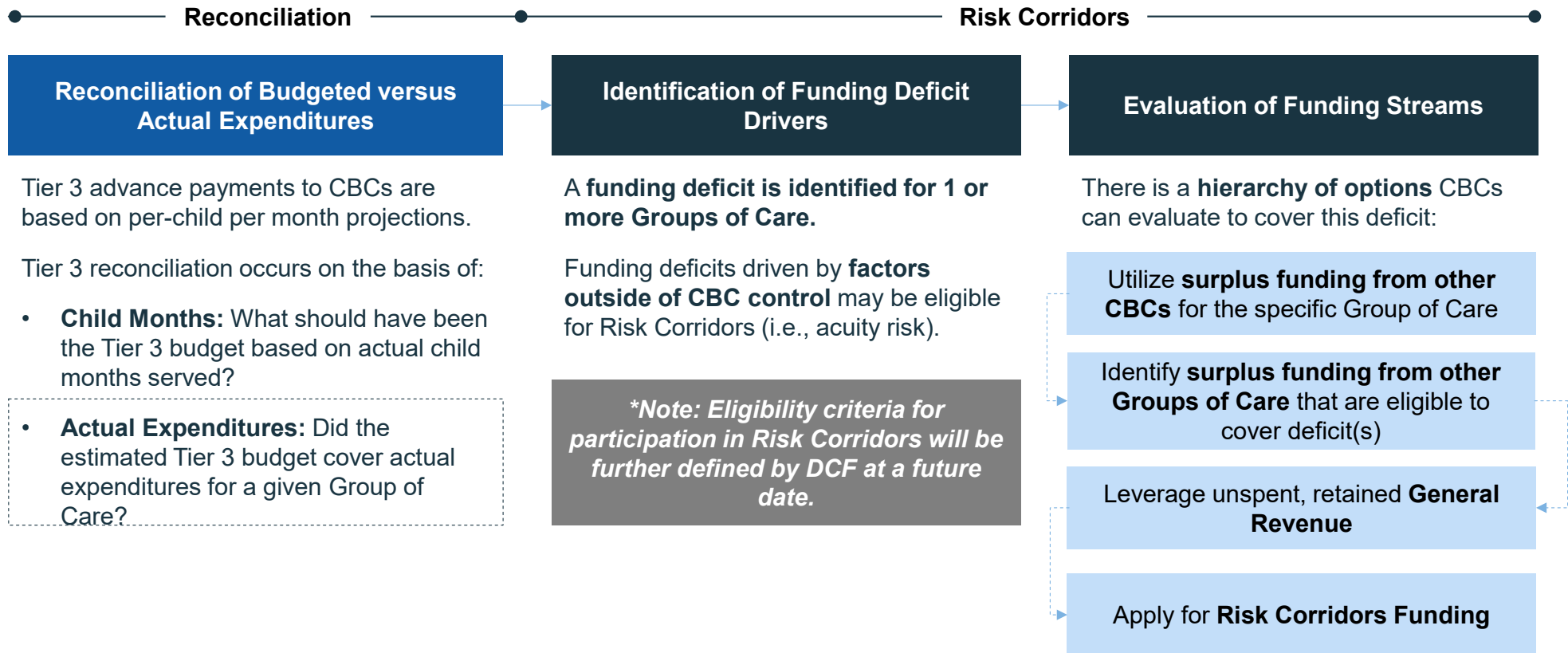
STATEWIDE SUMMARY: FUNDING MODEL RESULTS

Tier 1	Expenditures			
Tier 1 Subtiers	SFY 2023-24	SFY 2024-25	SFY 2025-26 (Projected)	% Change from SFY 2024-25
Tier 1a - Administrative Expenditures	\$38.2M	\$41.9M	\$43.7M	4.5%
Tier 1b - Case Management	\$490.9M	\$477.7M	\$518.2M	8.5%
Tier 1c - Other Admin. and Op. Expenditures	\$42.9M	\$46.7M	\$48.5M	3.9%
Tier 1 Total	\$572.0M	\$566.3M	\$610.5M	7.8%

Tier 3	Expenditures				Census			
Groups of Care	SFY 2023-24	SFY 2024-25	SFY 2025-26 (Projected)	% Change from SFY 2024-25	SFY 2023-24	SFY 2024-25	SFY 2025-26 (Projected)	% Change from SFY 2024-25
GOCs with Actuarial Adjustments								
Child Care Subsidies	\$16.9M	\$14.0M	\$15.2M	8.3%	85,620	70,837	71,658	1.2%
Guardianship Assistance Payments	\$17.7M	\$25.9M	\$34.3M	32.5%	35,330	44,869	57,846	28.9%
Independent Living – Extended Foster Care (EFC)	\$14.9M	\$16.3M	\$18.3M	12.6%	9,675	9,411	10,105	7.4%
Independent Living Services	\$19.6M	\$17.9M	\$19.7M	10.1%	42,819	41,225	41,904	1.6%
Licensed Foster Home – Level I	\$25.8M	\$22.3M	\$23.5M	5.7%	49,374	37,981	37,995	0.0%
Licensed Foster Home – Level II - V	\$87.7M	\$80.8M	\$87.7M	8.5%	70,735	61,623	63,018	2.3%
Maintenance Adoption Subsidies	\$291.2M	\$309.0M	\$327.9M	6.1%	527,469	530,199	536,708	1.2%
OOH Care - Other	\$71.3M	\$62.0M	\$65.9M	6.3%	232,680	198,760	198,760	0.0%
Residential Group Care	\$177.9M	\$200.1M	\$222.0M	10.9%	22,451	21,919	22,942	4.7%
GOCs without Actuarial Adjustments								
In Home	\$19.2M	\$11.3M	\$10.9M	-4.0%	95,169	90,516	90,516	0.0%
Mental Health Wraparound Services	\$8.4M	\$8.0M	\$8.9M	10.9%	11,426	11,101	11,101	0.0%
Tier 3 Total	\$750.7M	\$767.6M	\$834.3M	8.7%	1,182,748	1,118,441	1,142,553	2.2%

17	Tier 1 and Tier 3 Total	\$1,322.8M	\$1,333.9M	\$1,444.8M	8.3%
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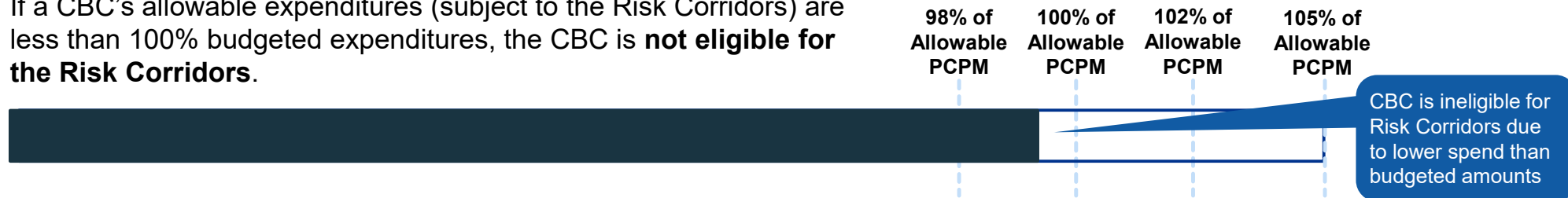
PROPOSED TIER 3 RECONCILIATION & RISK CORRIDORS PROCESS



ILLUSTRATIVE EXAMPLE: RISK CORRIDORS

No Impact: Allowable Expenditures are **Less than 100%** of Allowable PCPM

If a CBC's allowable expenditures (subject to the Risk Corridors) are less than 100% budgeted expenditures, the CBC is **not eligible for the Risk Corridors**.



Potential Impact on CBCs: Allowable Expenditures are **> 100% and < 102%** of Allowable PCPM

If a CBC's allowable expenditures fall within 100% to 102% of budgeted expenditures, the State of Florida will reconcile available state funding for the CBC. If State funding is exhausted, the Risk Corridors **may cover up to 2% of allowable incurred expenditures**.



PERCENTAGE CHANGE FROM SFY 2024-25 TO SFY 2025-26 (PROJECTED) BY GROUP OF CARE

	Child Care Subsidies	Guardianship Assistance Payments	Independent Living - EFC	Independent Living Services	Licensed Foster Home – Level I	Licensed Foster Home – Level II-V	Maintenance Adoption Subsidies	OOH Care - Other	Residential Group Care
% Change Expenditures	↑ 8.3%	↑ 32.5%	↑ 12.6%	↑ 10.1%	↑ 5.7%	↑ 8.5%	↑ 6.1%	↑ 6.3%	↑ 10.9%
% Change Child Months	▬ 1.2%	↑ 28.9%	↑ 7.4%	▬ 1.6%	▬ 0.0%	▬ 2.3%	▬ 1.2%	▬ 0.0%	↑ 4.7%

*No financial or actuarial assumptions were applied to In Home and Mental Health Wraparound Services.

Key
↑ = % Change over 3%
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STATEWIDE SUMMARY: BUDGETARY IMPACT

SFY 2025-26 Projections versus SFY 2025-26 Schedule of Funds		
1	SFY 2025-26 Projections	\$1,444.8M
2	SFY 2025-26 CBC Schedule of Funds	\$1,373.2M
3	Contract Increase from Schedule of Funds	\$71.6M
Funding Impact		
4	Contract Increase from Schedule of Funds	\$71.6M
5	Appropriations Available to DCF	\$36.1M
6	Appropriations Increase Requested without Risk Corridors	\$35.5M
7	Risk Corridors	\$16.7M
8	Appropriations Increase Requested with Risk Corridors	\$52.2M

Full utilization of appropriations retained by the DCF results in a \$52.2 M increase in requested Appropriations to fund the Funding Model and Risk Corridors.

OTHER SB 2502 COMPONENTS

Tier 2	Tier 4	Tier 5
<u>Prevention Tier</u> Dedicated prevention tier to incorporate early intervention strategies and services that reduce the need for higher-intensity system involvement.	<u>Performance and Quality Measure Tier</u> Incentives based on performance against outcome-based metrics.	<u>Innovation Tier</u> Competitive or direct grant mechanism that allows Lead Agencies to propose and implement innovative, evidence-informed practices aimed at improving family preservation, child well-being, community partnerships, or service delivery models.

TIER 2: PREVENTION TIER

Primary Prevention

1

Youth and families served in the **general community**.

- Community partner events
- Community education
- Activities or supports that benefit the families and children located geographically in a given community

Secondary Prevention

2

Youth and families **identified through a community pathway or proactive outreach** to DCF but has **no current hotline intake** or formalized case management involvement.

- Service referrals to community providers
- Teaming
- Other concrete supports for the children and families with no current formalized system involvement

3

Youth and families with a **current abuse report** with a **pending a safety determination**.

- Service referrals may be provided to prevent the child/family from moving further into the system of care.

4

Youth and families with a **current abuse report** with a determination of **safe and low/moderate risk**.

- Service referrals may be provided to prevent the child/family from moving further into the system of care.

Tertiary Prevention

5

Youth and families with a **current abuse report** with a determination of **safe and high/very high risk**.

- The child/family may be referred to Family Support Services or receive other service referrals to prevent the child/family from moving further into the system of care.

6

Youth with a **current abuse report** with a determination of **unsafe**.

- The child/family shall be referred to formalized Non-Judicial case management services to prevent them from entering out-of-home care.

Examples

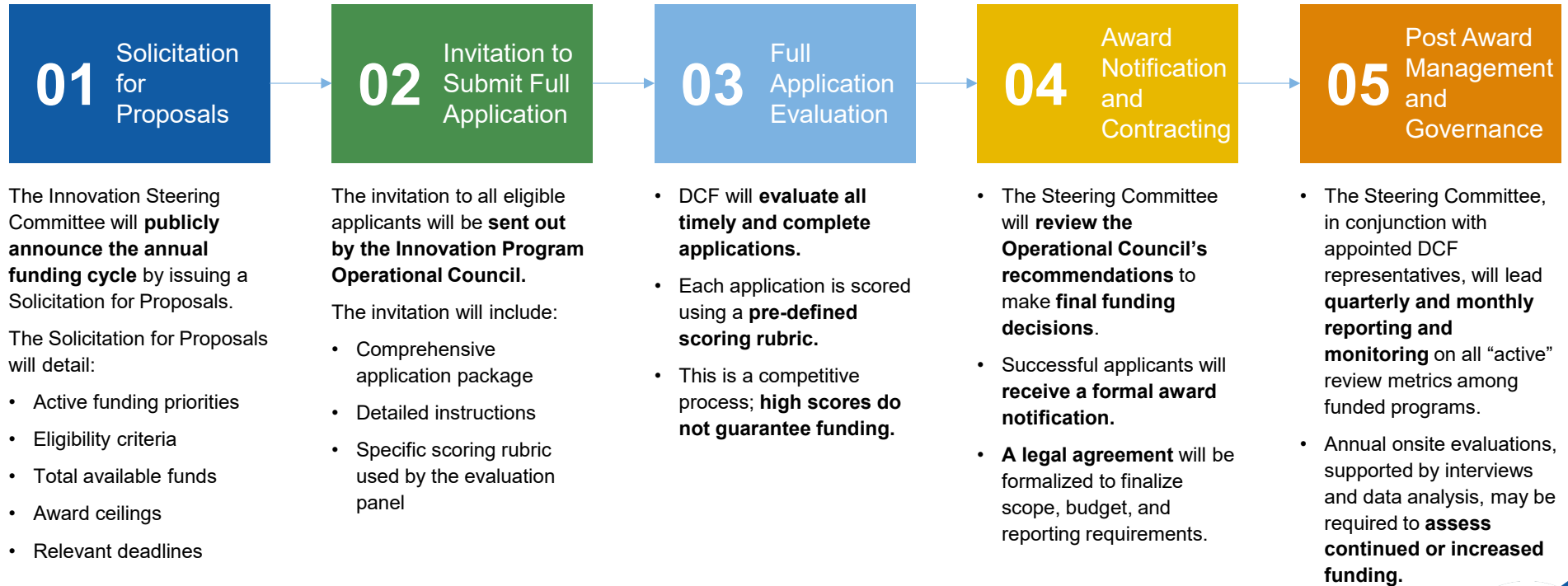
TIER 4: PERFORMANCE AND QUALITY MEASURE TIER

#	Senate Bill 2502 Metric	Department Proposed Metric
1	Maintaining or increasing sibling group placements together.	*Maintaining or increasing sibling group placements together.
2	Average yearly caseload of case managers, including only filled positions, at or below 1:14.	*Average yearly caseload of case managers, including only filled positions, at or below 1:14.
3	Increasing finalized adoptions by at least 3 percent over the prior fiscal year.	Time from termination of parental rights (TPR) to the time of adoption finalization for children who are in an identified, uncontested adoptive placement who have recently been terminated within the last 5 months.
4	Reducing re-entry into foster care within 12 months of case closure.	*Reducing re-entry into foster care within 12 months of case closure.
5	Placement stability and least-restrictive placement rates.	*Placement stability and least-restrictive placement rates.
6	Other department-defined measures aligned with federal Child and Family Services Reviews (CFSR).	<ul style="list-style-type: none"> • CFSR Item 12a – Needs Assessment and Services to Children • CFSR Item 12b – Needs Assessment and Services for each Parent • CFSR Item 12c – Needs Assessment and Services for Foster Parents

*Metric is the same as defined in Senate Bill 2502.

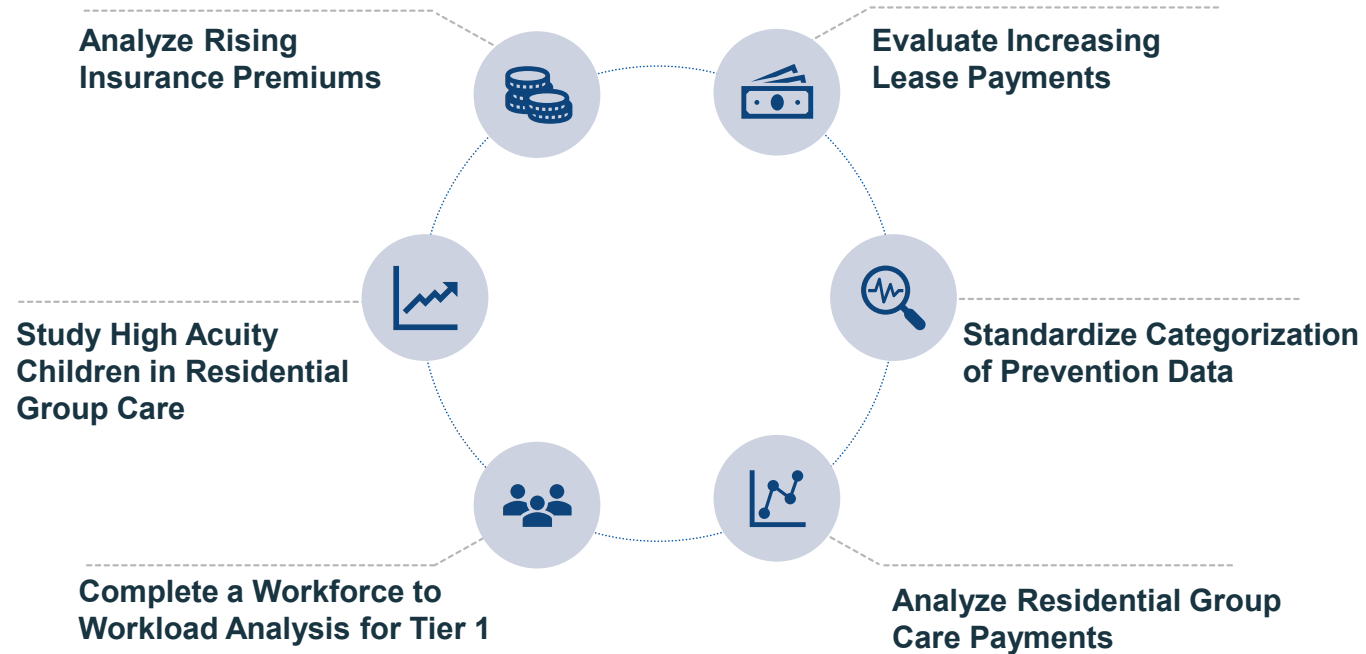


TIER 5: INNOVATION TIER



FUTURE OPPORTUNITIES

The following opportunities can be used to refine future iterations of the model:





QUESTIONS?

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